

4455
Leicestershire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1932

J. A. FAIRER, M.D., D.P.H.

County Medical Officer.

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17 FRIAR LANE,
LEICESTER.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to submit the Annual Report on the Health of the County for 1932.

The Vital Statistics show that although there has been an increase in the Death Rate the figure 11.25 still compares favourably with that (12.0) of the Country as a whole.

There has again been a decrease in the Birth Rate which is returned as 15.7 per 1,000 population. This is the lowest Birth Rate ever recorded in the County and compares unfavourably with that (16.3) of last year. It is of considerable interest to note that forty years ago (1893) the Birth Rate for the County was 31.1, or almost twice as great as that recorded for this year, and that even during the war years, 1914-1919, the lowest rate recorded was 16.5 in 1919. Since 1920, when the rate was 24.2, there has been a steady decline to the present low figure which even yet compares favourably with that (15.3) of England and Wales.

The post war increase in the birth rate from 16.5 in 1919 to 24.2 in 1920 will be reflected in an increasing demand for employment in 1935 when the children born in 1920 leave school and are ready to be absorbed into industry. The increase of 8 per thousand population in the birth rate for 1920 will mean that in Leicestershire alone over 2,000 more boys and girls will have attained school leaving age in 1934 and 1935 than in previous years, most of whom will be seeking employment in the County.

The Infant Mortality Rate remains the same as that of last year, and is still considerably lower than the rate recorded for the country as a whole.

I am pleased to be able to report a cessation in the epidemic of mild Small Pox which has been prevalent in the County since 1929. The total notifications for the year have been 111 in comparison with 754 last year, and 567 in 1930. No fresh case has been reported since the month of October. A full survey of the outbreak will be found under a separate heading in the text of the report.

In September the new County Sanatorium and Isolation Hospital at Markfield was opened by Sir George Newman, Chief Medical Officer to the Ministry of Health. This Institution which is now in full operation, will fill a long felt want in the County, and is already proving of benefit in the treatment of sufferers from Tuberculosis and Infectious Diseases. Included in this publication is a report by Dr. H. Selby, the Medical Superintendent, on the working of the Institution.

Full particulars of the work undertaken during the year, and of the varied activities of the Department will be found in the text of the report. The year has been one of steady progress and continuing valuable work in all the Health services.

I would like to call attention to the special article by Dr. N. A. Coward on "Types of Tuberculosis" and to commend him for this contribution.

My thanks are due to Dr. K. Cowan, Deputy County Medical Officer, for his valuable assistance in the compilation of this report. A great deal of the labour involved in its publication has been undertaken by him.

In conclusion I would like to thank the Chairman and Members of the Public Health Committee for their consideration and encouragement, and also the members of my staff for their loyal help and efficient service during the past year.

I have the honour to be,

Mr. Chairman and Gentlemen,

Your obedient servant,

J. A. FAIRER,

County Medical Officer of Health.

THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE, 1932.

J. W. BLACK, Esq. (*Chairman*).

ARMSTRONG, A. E.	PICKERING, C. H.
BRIERS, A. J.	POCHIN, V. R. (<i>ex-officio</i>).
BROUGHTON, A. H.	RIPPIN, W. H.
FORSELL, J. T.	STUBBS, W.
FULLER, B.	TANDY, E. W.
GOODMAN, J. A.	TIMMS, R. (<i>Vice-Chairman</i>)
HOLMES, J. H.	WARD, G.
HUBBARD, B.	WILLETT, F.
JACQUES, J. T.	WILSON, C.
LEVERS, G. T.	WRIGHT, W. H.
MARTIN, Lt.-Col., R. E., C.M.G. (<i>ex-officio</i>).	

MATERNITY AND CHILD WELFARE COMMITTEE.

This Committee consists of all the members of the Public Health and Housing Committee with the addition of the following ladies :—

MRS. A. SHIRLEY ATKINS.
MRS. E. E. BUCKINGHAM.
MRS. B. EVERARD
MRS. S. M. JOYCE.
MRS. G. SPENCER.
MRS. W. R. TUCKETT

STAFF.

County Medical Officer :
School Medical Officer :
Administrative Officer for Tuberculosis and Maternity and Child Welfare :

J. A. FAIRER, M.D., D.P.H.

Deputy County Medical Officer :
Deputy School Medical Officer :

K. COWAN, M.D., D.P.H.

Assistant County Medical Officer :
Senior Assistant School Medical Officer :

D. G. ANDERSON, M.B., ChB., D.P.H.

Chief Tuberculosis Officer :

N. A. COWARD, O.B.E., M.D., D.P.H.

Assistant Tuberculosis Officer :

S. W. LANE, M.R.C.S., L.R.C.P.

STAFF—continued.

Assistant Infant Welfare Officer.

Assistant School Medical Officer.

MARY E. WESTON, M.B., B.S.

Assistant Infant Welfare Officer.

County Oculist.

CONSTANCE WALTERS, B.Sc., M.B., B.Ch.

Assistant School Medical Officer.

S. E. MURRAY, M.B., B.S.

Assistant School Medical Officer.

Medical Officer for Venereal Diseases.

J. B. DALTON, M.B., Ch.B.

Medical Superintendent Markfield Sanatorium :

H. SELBY, M.B., B.S., M.R.C.S., L.R.C.P.

Assistant Resident Medical Officer Markfield Sanatorium :

E. GRUNDY, M.B., B.S., M.R.C.S., D.P.H.

Chief Dental Surgeon :

P. ASHTON, L.D.S.

Assistant Dental Surgeons :

A. E. WARD, L.D.S.

C. L. R. McLELLAN, L.D.S.

D. R. A. WILLCOX, L.D.S.

HEALTH VISITORS.

*Mrs. A. Warren, S.R.N. (Superintendent).

Miss A. Addy, S.R.N.

(appointed 12-1-32)

Mrs. A. D. Antrobus, S.R.N.

Miss A. J. Bailey, S.R.N.

Miss C. E. Bangham, S.R.N.

Mrs. S. J. Bourne, S.R.N.

Mrs. P. Brunsdon, S.R.N.

*Miss G. E. Butler, S.R.N.

*Mrs. F. E. Cade.

Miss G. I. Carryer, S.R.N.

Miss V. L. Davies, S.R.N.

Miss M. A. Dilworth, S.R.N.

Miss E. Y. Feakin, S.R.N.

Miss L. Fox, S.R.N.

Miss T. M. Griffiths, S.R.N.

*Miss K. A. Marsh, S.R.N.

Miss S. H. G. Payne, S.R.N.

(resigned May, 1932)

Miss W. C. Porter, S.R.N.

(appointed May, 1932)

Miss E. H. Seabrook.

Miss W. A. Simmons, S.R.N.

Mrs. E. E. Wright, S.R.N.

Those marked * hold the Certificate of Sanitary Inspector.

All the above are fully trained Nurses and hold the Certificate of the Central Midwives Board. The Superintendent also holds the Child Welfare Workers' Certificate. Miss Butler, Miss Bangham, Miss Carryer, Miss Davies, Miss Feakin, Miss Addy and Miss Porter, have the new Health Visitors' Certificate of the Ministry of Health.

All the above are full-time Officers of the County Council.

ADDITIONAL OFFICERS.

(1) District Medical Officers of Health.

URBAN :

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch ...	Dr. T. Forsyth Hugglescote.
Ashby Woulds ...	Dr. R. Logan Ashby-de-la-Zouch.
Coalville ...	Dr. A. Hamilton Coalville.
Hinckley... ..	Dr. J. H. Donnell Hinckley.
Loughborough ...	Dr. N. B. M. Blackham Loughborough.
Market Harborough ...	Dr. C. T. Scott Market Harborough.
Melton Mowbray ...	Dr. J. E. O'Connor Kirby Muxloe.
Oadby	Dr. J. E. O'Connor Kirby Muxloe.
Quorndon	Dr. J. E. O'Connor Kirby Muxloe.
Shepshed	Dr. T. Bell Shepshed.
Thurmaston	Dr. J. E. O'Connor Kirby Muxloe.
Wigston	Dr. J. E. O'Connor Kirby Muxloe.

RURAL :—

DISTRICT.	NAME AND ADDRESS.
Ashby-de-la-Zouch ...	Dr. T. Forsyth Hugglescote.
Barrow-on-Soar ...	Dr. J. E. O'Connor Kirby Muxloe.
Belvoir	Dr. F. J. H. Martin Bottesford.
Billesdon	Dr. J. E. O'Connor Kirby Muxloe.
Blaby	Dr. J. E. O'Connor Kirby Muxloe.
Castle Donington ...	Dr. T. M. Montford Castle Donington
Hallaton	Dr. J. E. O'Connor Kirby Muxloe.
Hinckley... ..	Dr. J. E. O'Connor Kirby Muxloe.
Loughborough ...	Dr. N. B. M. Blackham Loughborough.
Lutterworth	Dr. J. E. O'Connor Kirby Muxloe.
Market Harborough ...	Dr. J. S. Macbeth Kibworth Beauchamp
Market Bosworth ...	Dr. T. G. Kelly Desford.
Melton Mowbray ...	Dr. J. E. O'Connor Kirby Muxloe.

(2) District Medical Officers (Poor Law) and Public Vaccinators.

DISTRICT.	NAME AND ADDRESS.
Bottesford	Dr. F. J. H. Martin, Bottesford, Notts.
Croxtan Kerrial ...	Dr. R. H. Hudson, Woolsthorpe, Grantham.
Waltham	Dr. W. Arnold, Waltham-on-the-Wolds, Melton Mowbray.
Long Clawson	Dr. G. C. B. Atkinson, Long Clawson, Melton Mowbray.
Wymondham	Dr. H. S. Furness, Melton Mowbray.
Asfordby	Dr. G. S. A. Bishop, Melton Mowbray.
Melton Mowbray (north)	Dr. R. H. Fagge, Melton Mowbray.
Melton Mowbray (south)	Dr. R. H. Fagge, Melton Mowbray.
Somerby	Dr. R. J. Mould, Somerby, Melton Mowbray.
Loughborough	Dr. C. L. Lapper, 25 Victoria St., Loughborough.
Shepshed	Dr. T. Bell, Shepshed, Loughborough.
Castle Donington ...	Dr. W. H. Dowell, Castle Donington, Derby.
Mountsorrel	Dr. J. S. Strachan, Mountsorrel, Loughborough.

DISTRICT.			NAME AND ADDRESS.
Barrow-upon-Soar	...	...	Dr. J. S. Gray, Sileby, Loughborough.
Sileby	...	...	Dr. J. S. Gray, Sileby, Loughborough.
Syston	...	...	Dr. R. W. Taylor, Syston, Leicester.
Billesdon	...	...	Dr. E. K. Williams, Billesdon, Leicester.
Hallaton	...	...	Dr. P. Drummond, Hallaton, Market Harboro'
Market Harboro' (No. 1)	...	...	Dr. C. T. Scott, Market Harborough.
Market Harboro' (No. 2)	...	...	Dr. J. S. Macbeth, Kibworth Beauchamp, Leicester
Wigston	...	...	Dr. S. B. Couper, Blaby, Leicester.
Enderby	...	...	Dr. W. R. M. Berridge, Enderby, Leicester.
Lutterworth	...	...	Dr. T. W. Crowley, Lutterworth, Rugby.
Peatling	...	...	Dr. C. R. Jones, Peatling Magna, Leicester.
Hinckley	...	...	Dr. H. Shirlaw, Hinckley.
Market Bosworth	...	...	Dr. H. N. Keeling, Market Bosworth, Nuneaton
Ibstock	...	...	Dr. C. S. Agnew, Ibstock, Leicester.
Ashby-de-la-Zouch	...	...	Dr. S. Silley, Ashby-de-la-Zouch.
Coalville	...	...	Dr. T. Forsyth, Hugglescote.
Measham	...	...	Dr. J. R. Salmond, Appleby Magna, Burton-on-Trent.

OTHER OFFICERS.

(3) Vaccination Officers.

DISTRICT.			NAME AND ADDRESS.
Ashby-de-la-Zouch	...	...	Mr. J. W. Bowley Ashby-de-la-Zouch.
Billesdon	...	...	Mr. T. Warham Bushby.
Enderby	...	...	Mr. A. S. Collis Narborough.
Hinckley...	...	...	Mr. W. H. Pendlebury Hinckley.
Loughborough	...	...	Mr. A. L. Milner Loughborough.
Lutterworth	...	...	Mr. H. Webb Lutterworth.
Market Harborough	...	...	Mr. W. J. Fordham Market Harborough.
Market Bosworth	...	...	Mr. E. L. Hunt Ibstock.
Measham	...	...	Mr. W. S. Bacon Measham
Melton (North)...	...	...	Mr. E. S. Cox Melton Mowbray.
Melton (South)	...	...	Mr. H. N. Lock Melton Mowbray.
Mountsorrel	...	...	Mr. C. F. F. Scott Mountsorrel.
			(resigned December 1932)
Syston	...	...	Mr. A. E. Williams Syston.
Wigston	...	...	Mr. W. W. Farrar South Wigston.

(4) Veterinary Surgeons.

DISTRICT.			NAME AND ADDRESS.
Ashby-de-la-Zouch	...	...	Mr. R. Lake Ashby-de-la-Zouch.
Belvoir	...	...	Mr. V. P. Littler Long Clawson.
Hinckley...	...	...	Mr. J. D. C. Ward Hinckley.
Leicester	...	...	Mr. H. Thornton Leicester
Long Clawson	...	...	Mr. T. Littler Long Clawson.
Loughborough	...	...	Mr. R. L. Phillips Loughborough.
Lutterworth	...	...	Mr. W. L. Gascoyne Lutterworth.
Market Bosworth and Coalville	...	...	Mr. H. E. Powell Coalville.
Market Harborough	...	...	Mr. R. MacGregor Market Harborough.
Melton Mowbray	...	...	Mr. J. N. Glass Melton Mowbray.

The Offices of the Health Department are divided into four main sections :—

General, and Maternity and Child Welfare Department :

Chief Clerk (H. Burditt) and six assistants.

Tuberculosis :

Chief Clerk and Steward Markfield Sanatorium (H. Collington) and three assistants.

School Medical Service :

Chief Clerk (W. A. Thornton) and three assistants. There are also four assistants in the Dental Department.

Laboratory :

Assistant Bacteriologist (J. N. Graham) with one junior assistant.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres	...	...	...	524,197	...	...	{ Urban 41,336
							{ Rural 482,861
Population (Census 1931)	...	...	...	...	...	...	302,692
„ Urban	121,244						
„ Rural	181,448						
„ Estimated Resident (June, 1932)					...	...	306,800
„ Urban	122,000						
„ Rural	184,800						
Number of inhabited houses (1931)	...	...	...	...	...	...	76,088
Number of families or separate occupiers	...	...	...	...	...	...	78,103
Reduced Rateable value	...	...	...	...	...	...	£1,298,862
Sum represented by Penny Rate	...	...	...	...	...	...	£5,019

SOCIAL CONDITIONS OF THE COUNTY.

Leicestershire is bounded by Nottinghamshire on the North, by Lincolnshire and Rutland on the East, by Northamptonshire on the South East, by Warwickshire on the South West and on the North West by Derbyshire.

The workers of the County fall into three main occupational groups :—Agriculture, Mining and Industrial. The principal mineral productions are Coal ; Iron ore ; Granite for road making ; ferro-concrete and building blocks. The North-western area forms the mining district, while in the vicinity of Leicester, in the Soar Valley and in the South-west manufacture of worsted and cotton hose and boots and shoes is carried on upon a large scale.

There is no evidence of any of these occupations having any deleterious effect upon the general health of the people. The prevailing depression in trade has had its effect upon the industries of the County, and has resulted in a lowered standard of living for a considerable proportion of the populace. It is difficult to assess the effect of these conditions upon the health of the

community, and although some direct indication may be obtained from the returns of medical inspection in schools this refers only to the health of children, and may be fallacious if accepted as evidence with regard to the adult population. Notwithstanding present economic conditions there were fewer children notified by the Medical Officers as suffering from malnutrition in the schools of the County than in the two previous years. Leicestershire is perhaps more fortunate than most other areas of the country and although the effect of the depression is being felt in many ways, there is no evidence as yet that the standard of health of the community has been adversely affected.

EXTRACT FROM THE VITAL STATISTICS OF THE YEAR.

		Total.	Males.	Females
Live Births	Legitimate	4,659	2,364	2,295
	Illegitimate	169	80	89
	Total Births	4,828	2,444	2,384

Birth Rate per 1,000 of population 15.7.

Still Births. Total 211.

Rate per 1,000 total births 43.7

Deaths Total 3,451. Death Rate 11.25.

Number of women dying in, or in consequence of childbirth :—

Sepsis 5. Other Causes 12.

Deaths of infants under one year of age per 1,000 live births :—

Legitimate 57. Illegitimate 65.

Total Rate per 1,000 ... 59.

Deaths from Measles (all ages)	...	...	...	...	5
„ „ Whooping Cough (all ages)	...	...	...	...	20
„ „ Diarrhoea (under 2 years)	...	...	...	...	25

INFANT MORTALITY.

The Infant Mortality Rate for 1932 is returned as 59, which figure is identical with that of last year. The Rate is again considerably lower than that for England and Wales which is returned as 65.

Although the last two years have shown some increase in the Infant Mortality Rate the increase is not of serious significance when it is remembered that the figure has fallen from 71 in 1925 and has remained constantly below 60 during the past five years.

INFANT MORTALITY.

YEAR.	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales.
	No.	Rate.	No.	Rate.	No.	Rate.	
1928	112	55	169	56	281	55	65
1929	114	57	172	57	286	57	74
1930	108	53	170	57	278	55	60
1931	122	61	173	58	295	59	66
1932	117	63	169	57	286	59	65

Several factors no doubt have contributed to the improvement in the Infant Mortality Rate, but chief amongst these is the organised Infant Welfare work as undertaken at Maternity and Child Welfare Centres and through systematised home visiting by trained Health Visitors. It is pleasing to be able to produce tangible evidence of good results in this direction and to know that the continuous efforts of workers associated with the Maternity and Child Welfare services are actually bearing fruit, not only in saving the infant life of the country, but in preventing an enormous amount of infant ill-health.

DEATHS.

The Death Rate of the County (11.25) shows an increase upon last year, while that of the country as a whole (12.0) has slightly decreased.

In 1931, the Death Rate was 10.97 and the total number of deaths 3,334. In 1932 this latter figure has risen to 3,451.

The seven chief causes of death in 1932 with the corresponding percentages of total deaths were :—

(1)	Heart Disease	...	...	...	18.5
(2)	Cancer	...	...	...	12.0
(3)	Cerebral Hæmorrhage	...	...	...	6.7
(4)	Phthisis	...	...	...	6.5
(5)	Senility	...	...	...	5.2
(6)	Bronchitis	...	...	...	4.7
(7)	Congenital Debility	...	...	...	4.2

For some years past the two chief causes of death have been Heart Disease and Cancer and their relative percentages of total deaths have remained remarkably constant. There has been a very slight decrease this year in the Death Rate from Cancer, but, as mentioned in last year's report the rate is more than fifty per cent. as high again as compared with twenty years ago.

The third and fourth positions in the Table show no alteration from those of last year, although there has been some increase in the rate for Phthisis. Bronchitis occupies the sixth position in the Table and Pneumonia,

has been displaced by Congenital Debility. The deaths from Bronchitis have occurred mainly in infants under one year and in persons over 65 years ; no death from Bronchitis was registered of any person between the ages of fifteen and thirty-five years. Climatic conditions play a large part in the incidence of Bronchitis and a severe winter will always take a large toll from the infant and the elderly sections of the population through Bronchitis.

TABLE OF SEVEN CHIEF CAUSES OF DEATH.

THE SEVEN CHIEF CAUSES OF DEATH.	URBAN		RURAL		WHOLE COUNTY		PERCENTAGE OF TOTAL DEATHS		
	No.	Rates	No.	Rates	No.	Rates	URBAN	RURAL	WHOLE COUNTY.
Heart Disease ..	257	2.11	382	2.07	639	2.08	18.4	18.6	18.5
Cancer	170	1.39	245	1.33	415	1.35	12.2	11.9	12.0
Cerebral Hæmorrhage ..	92	0.75	138	0.75	230	0.75	6.6	6.7	6.7
Phthisis	93	0.76	132	0.71	225	0.73	6.7	6.4	6.5
Senility	79	0.65	101	0.55	180	0.59	5.7	4.9	5.2
Bronchitis ..	81	0.66	82	0.44	163	0.53	5.8	4.1	4.7
Congenital Debility ..	46	0.38	100	0.54	146	0.48	3.3	4.9	4.2

The following Table shows the net number of registered deaths with corresponding rates (Urban and Rural) in Leicestershire and England and Wales during the five years 1928-1932.

DEATHS.

YEAR.	URBAN.		RURAL.		WHOLE COUNTY		Rate for England and Wales.
	Net No. Registered	Rate	Net No. Registered	Rate	Net No. Registered	Rate	
1928	1186	9.88	1873	10.89	3059	10.48	11.7
1929	1441	11.91	2188	12.55	3629	12.29	13.4
1930	1256	10.38	1819	10.44	3075	10.41	11.4
1931	1315	10.79	2019	11.09	3334	10.97	12.3
1932	1392	11.41	2059	11.14	3451	11.25	12.0

During the whole of this period the Death Rate of the County has been considerably lower than that of England and Wales.

ZYMOTIC DEATHS.

In 1932 the Zymotic Deaths numbered 66. This figures shows a welcome decrease upon that for the previous year.

YEAR	URBAN.		RURAL		WHOLE COUNTY.	
	No.	Rate.	No.	Rate.	No.	Rate.
1928	23	0.19	46	0.27	69	0.23
1929	36	0.30	68	0.39	104	0.35
1930	24	0.20	34	0.20	58	0.20
1931	36	0.30	42	0.23	78	0.26
1932	32	0.26	34	0.18	66	0.22

BIRTH RATE.

The Birth Rate for 1932 is 15.7 which is a further decrease upon that for previous years :—1931 (16.3) and 1930 (17.0). The total number of live births was 4,828. Of the recorded births 2,444 were males and 2,384 were females, the ratio of male to female births being 102.5 to 100.

Summary of Birth Statistics, Urban, Rural, and Whole County.

Population for Birth Rate	URBAN		RURAL		WHOLE COUNTY		ENGLAND AND WALES
	122,000		184,800		306,800		
	No.	Rate	No.	Rate	No.	Rate	Rate
Births ..	1868	15.3	2960	16.0	4828	15.7	15.3

NURSING IN THE HOME.

The County Nursing Association in conjunction with the County Council undertakes the general nursing services in the County. These services now cover the greater part of the County, and were extended during the year by the formation of a new District Nursing Association at Broughton Astley.

The nursing of home cases of Tuberculosis is also carried out where suitable by the County Nursing Association on behalf of the County Council.

The arrangement with the Leicester City Nursing Association for the nursing of cases of Measles and Whooping Cough in children under five years of age and of Ophthalmia Neonatorum on the Saffron Lane Estate still continues in force without alteration.

MIDWIVES

(a) Statistical Particulars.

During the year 221 midwives notified their intention to practise, three left the County and two died.

Of the County Midwives 207 hold the certificate of the Central Midwives Board and four the L.O.S. certificate ; the remaining ten belong to the bona fide classification.

The work of inspection of midwives is carried out by four members of the County Health Visiting Staff to each of whom a district is assigned. Three of these officers are specially approved County Health Visitors the fourth being the Superintendent Health Visitor, who in addition to carrying out the inspections in her own district exercises a general supervision over all the work of inspection.

The inspectors made 543 visits during the year. The results of the inspections were satisfactory on the whole and it was not found necessary to report any breach of the rules to either the Local Supervising Authority or to the Central Midwives Board. One midwife was summoned to appear before the Public Health Committee as a result of a complaint from a private practitioner and received a caution.

The annual returns received from the County Midwives are as follows :—

Medical Help Records	...	...	...	841
Notice of liability to be a source of infection	...	...	...	52
Laying out of the dead records	...	...	...	51
Notice of death of Mother or Child	...	...	...	17
(one mother).				
Still-birth records	...	...	...	63
Notice re-Artificial Feeding	...	...	...	41
Notice of change of address	...	...	...	11

The Midwives called in medical help in 41.4 per cent. of the cases attended by them.

The chief causes for medical help for the mother were :—Injuries to Perineum, Delayed Labour, Malpresentation, Raised Temperature, Adherent Placenta, Ante-partum Hæmorrhage and Post-partum Hæmorrhage.

The chief causes of help required for the child were :—Discharge from the Eyes, Feebleness, Prematurity, and Deformity.

The records show that 3,166 cases were attended by Midwives during the year, and of this number 2,032 were taken by them alone. In the remaining 1,134 cases both Doctor and Midwife were in attendance.

(b) Doctors Fees in Special Cases.

There was no expenditure incurred under this heading during the year.

(c) Midwives' Fees.

Applications were received from Certified Midwives in respect of their attendance on 17 necessitous cases. In 16 cases the fee was granted, and one application was withdrawn. Grants under this section amounted to £29 18s. 6d.

(d) Subsidy to Midwives.

Subsidies to three midwives were authorised by the County Council at a cost not exceeding £21 each per annum. The subsidy in each case was given to the County Nursing Association for distribution.

For general emergency duties in the County, four Nurse-Midwives are maintained at the County Nurses' Home, Highfield Street, Leicester.

(e) Placing of Midwives.

A grant of £200 is made by the County Council to the County Nursing Association for the training of midwives newly appointed, either to fill a vacancy or to settle in a new district for which no previous provision has been made.

(f) Mileage Grant for Midwives.

The sum of £15 was expended in mileage grants to midwives taking cases outside their usual area of practice, the Committee receiving nine applications all of which were granted.

(g) Inspection of Midwives.

It was not found necessary to suspend any midwife from duty through her being in contact with infectious disease. One midwife was summoned to appear before the Public Health Committee, and was cautioned for a breach of the rules.

(h) Educational Facilities.

(1) *Midwifery Scholarships.* The selection of candidates and arrangements for training are carried out by the County Nursing Association, and applications should be made to the Secretary of that Association. During the year nine candidates completed this training, and a further two began the course during the year.

(2) *Post Certificate Courses.* Grants are made to midwives who desire to take post-certificate courses in order to keep abreast of modern developments in their work, but during the year for various reasons it was not possible for any midwife in the County to avail herself of the facilities provided.

(3) *Lectures to Practising Midwives.* No course of lectures was held during the year, but it is hoped that a series may be arranged early in 1933.

(i) Additional Administrative Arrangements.

(1) *Sparsely Populated Areas.* The arrangements for the service of these districts continue as heretofore. Grants made during the year were as follows :—Two of £78 ; two of £58 and one of £52. Bicycle allowance of £6 0s. 0d. per annum was continued in the case of four associations.

(2) *Necessitous Districts.* During 1931 a grant of £14 was made to one District Nursing Association towards the initial expenses incurred in serving a necessitous district.

Grants varying from £5 to £21 per annum were made to 19 District Nursing Associations in which the service is already in operation.

The method of administering these grants remains the same as in previous years.

(3) *Midwives' Act, 1918.* During the year 384 claims were paid under the provisions of this Act. The total amount expended was £493 19s. 0d. and £182 5s. 9d. was recovered from persons responsible for payment.

HOSPITALS

(1) Infectious Diseases other than Small Pox.

Treatment of these cases is carried out under the control of the Leicester-shire Isolation Hospitals' Committee. The number of beds available in the various hospitals of the County is 117 distributed as follows :—

	Beds
Markfield Isolation Hospital	54
Hinckley Isolation Hospital	23
Melton Mowbray Isolation Hospital	23
Blaby Isolation Hospital	17
Total	117

The Isolation Hospital at Markfield was officially opened in September, and reception of cases was possible towards the latter part of the year. The opening of the new hospital and the consequent re-organisation of accommodation to which reference has been made in previous Annual Reports has resulted in an additional 23 beds being made available in the four central hospitals, and should meet adequately the needs of the County for infectious diseases other than Small Pox.

(2) SMALL POX.

There has been no alteration in the arrangements for the treatment of this disease. Two hospitals are available in the County, Syston Small Pox Hospital, 15 beds; and Snarestone Small Pox Hospital, 23 beds. The reciprocal agreement between the County Council and the Leicester City Authority for the reception of cases of Small Pox mentioned in previous reports still continues in force.

(3) OTHER HOSPITALS.

There have been two important developments in connection with the hospital provision in the County during the year. In September the new combined Sanatorium and Isolation Hospital at Markfield was officially opened by Sir George Newman, Chief Medical Officer to the Ministry of Health. The hospital, which provides accommodation for 180 patients—126 beds for tuberculosis and 54 for infectious diseases—fills a long felt want in the County and will greatly facilitate the work of treatment of cases of Tuberculosis and of infectious diseases. With the opening of the new institutions the Sanatorium at Mowsley, and the residential dispensaries at Hinckley and Coalville have been closed. A full report by the Medical Superintendent on the working of the new Sanatorium and Isolation Hospital is embodied in this publication under a separate heading.

In the latter part of the year the Public Assistance Committee of the County Council purchased Bosworth Park, near Market Bosworth, for the purpose of a Poor Law Institution. Detailed information concerning this new departure and of the accommodation in the various transferred Poor Law Institutions is given in another section of this report.

The following are the arrangements in force for co-operation between the County Council and the Voluntary Hospitals :—The Public Assistance Committee makes a grant to the Leicester Royal Infirmary, the Market Harborough Cottage Hospital, Hinckley Cottage Hospital and Lutterworth Cottage Hospital for the reception of cases of acute sick into these institutions.

Under the Authority's scheme for the operative treatment of Enlarged Tonsils and Adenoids provision is made for the use of the Cottage Hospitals at Ashby-de-la-Zouch, Market Harborough, Lutterworth, Melton Mowbray and Hinckley, and at the Loughborough General Hospital for these operations.

There has been no change during the year in the arrangements for hospital treatment of maternity cases. The arrangement in force for the reception of County patients at the Leicester and Leicestershire Maternity Hospital continues to be of great value in dealing with complicated and difficult cases and the willing co-operation of the hospital authorities in facilitating the admission of cases is greatly appreciated.

No difficulty has been experienced in securing admission for maternity cases to the various hospitals which have an agreement with the County Council, but any further development of the Ante-natal services of the County will necessitate the provision of further hospital beds for the reception of these cases.

MATERNITY AND NURSING HOMES.

The County Council undertakes the administration of the provisions of the Nursing Homes (Registration) Act, 1927, for the whole County including the Borough of Loughborough.

There has been no application received from a District Authority under Section 9(2) for delegation of powers under the Act to a District Council.

Full inquiry is made as to the suitability and qualifications of any applicant before a certificate of registration of a Home is granted. The certificate is also subject to an inspection of the premises proving satisfactory in all respects. Periodic inspections of the registered Homes are carried out by Dr. Cowan and the Superintendent Health Visitor.

The following are particulars concerning the administration of this section of the work :—

	Nursing Home	Maternity Home	Nursing & Maternity Home
No. of applications for registration ...	1	1	—
No. of Homes registered	1	9	2
No. of orders made refusing registration ...	—	—	—
No. of orders made cancelling registration ...	—	—	—
No. of appeals against such orders ...	—	—	—
Appeals confirmed ...	—	—	—
Appeals disallowed ...	—	—	—

Exemptions from registration under the Act were made in seven instances, viz., five Cottage Hospitals, one General Hospital and one "Home of Rest."

Provision is made for the reception of unmarried mothers at St. Saviour's Home, Northampton. In addition, arrangements are in force for the Ely Diocesan Home, Cambridge, and the Salvation Army Home, Birmingham, to receive cases if required.

AMBULANCE FACILITIES.

(a) Infectious Disease.

There have been certain changes in the ambulance facilities for these cases consequent upon the opening of the new Isolation Hospital at Markfield. Motor ambulances are now stationed at Blaby and Melton Mowbray, the Blaby ambulance conveys cases to Markfield, Blaby, and Hinckley Hospitals, and that at Melton Mowbray deals with the district served by the Melton Hospital. It may be necessary when epidemics are prevalent to consider the question of the provision of a further ambulance to cater for Markfield Hospital solely.

A special ambulance is reserved for the transport of cases of Small Pox.

(b) Non-infectious and Accident Cases.

The removal of cases of Tuberculosis is undertaken by the County Council ambulance where necessary, but no responsibility is undertaken for other cases.

(c) Maternity Cases.

No special ambulance is provided for these cases, but transport is arranged for when necessary.

CLINICS AND TREATMENT CENTRES.

A new Combined Clinic at Coalville was opened in January of this year. The building comprises School Clinic, Infant Welfare Centre, and Orthopædic Clinic, and is also capable of use by the Dental Staff and School Oculist when necessary.

These premises replace those which were in use at the Primitive Methodist Schoolroom.

A clinic on exactly similar lines was completed at Melton Mowbray towards the end of the year, and work was commenced in the new premises during the first week in January, 1933. This building, which also comprises School Clinic, Infant Welfare Centre, and Orthopædic Clinic, replaces the premises which were in use at the Town Hall, Melton Mowbray, as a School Clinic, and at the Wesleyan Room, as an Infant Welfare Centre. The Orthopædic Clinic is an additional facility, no such treatment having previously been undertaken at Melton Mowbray under the auspices of the County Council.

Owing to the increased number of attendances at the Lubbesthorpe School Clinic it was found necessary to hold a further session each week. This extra session takes place on Friday afternoons in the Clinic Room at the Junior School and is under the supervision of the School Nurse.

These are the only changes which have taken place during the year with regard to Clinic and Treatment Centres under the control of the County Council.

ADMINISTRATIVE CHANGES UNDER THE LOCAL GOVERNMENT ACT, 1929.

(1). Poor Law Institutions.

An important development during the year has been the acquisition by the Public Assistance Committee of Bosworth Park, Market Bosworth, for use as a Poor Law Institution. The Ministry of Health have given their general approval to the scheme for adaptation of this property for use as an infirmary, and a commencement will be made with the necessary alterations early in 1933. When completed it is hoped that the Institution will provide accommodation for 146 patients. It is intended that the accommodation should be used for the chronic sick and supplement such provision as is already in existence in the County, at the same time allowing for closure of certain unsuitable Institutions.

During the year a survey of all cases in the Poor Law Institutions of the County was carried out and a classification made into various categories. As a result a much more accurate estimate of the needs of the area with regard to accommodation for the sick has been rendered possible. The re-organisation of the sick bed accommodation of the County in consequence of the opening of Bosworth Park will as a result of this survey be such as to meet the needs of each area for the various types of cases requiring treatment.

The following are the Poor Law Institutions at present available in the County :—Ashby-de-la-Zouch, Billesdon, Hinckley, Loughborough, Lutterworth, Market Bosworth, Market Harborough, Melton Mowbray, Mountsorrel and Narborough. In the scheme for the re-organisation of the accommodation for the sick, certain of these Institutions will be closed and others put to use for different types of cases to those for which they provide at present.

(2). Poor Law Medical Outrelief.

There has been no alteration during the year in the constitution of the districts of Medical Officers dealing with medical outrelief. The scheme continues to work very satisfactorily and there is now no doubt that it meets the requirements of each district adequately.

A table showing the various districts and the names of the Medical Officers in charge is incorporated in this report under the heading of "General Provision of Health Services for the area."

(3). Vaccination.

The districts of Public Vaccinators in the County number 29, and those of the Vaccination Officers total 14. The work of general supervision of vaccination has continued satisfactorily throughout the year, and the following tables show the amount of work carried out.

(1). Return showing the Numbers of Persons successfully Vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Poor Law Institutions and the Public Vaccinators during the period 1st January to 31st December, 1932.

Numbers of successful primary vaccinations of persons.			Number of successful re-vaccinations i.e. successful vaccinations of persons who had been successfully vaccinated at some previous time.
Under 1 year of age.	One year and upwards.	Total	
197	56	253	17

Summary of Vaccination Officers' Returns for the year 1st January to 31st December, 1932.

Vaccination Districts	No. of Births entered on Birth Lists	Entered in Vaccination Register				Other successful Vaccinations received	No. of cases successfully vaccinated after Statutory Declaration had been made
		Successful Vaccinations	Insusceptible to vaccination	Died unvaccinated	Statutory declaration		
Ashby ...	637	22	—	38	544	5	—
Billesdon ...	247	15	4	16	174	2	1
Enderby ...	388	8	1	14	370	2	—
Hinckley ...	549	9	—	15	525	—	—
Loughborough...	665	34	6	34	600	—	5
Lutterworth ...	121	11	—	1	117	—	—
Market Bosworth	373	28	—	19	338	27	90
Mkt. Harborough	227	10	—	9	175	5	—
Measham ...	196	14	1	11	168	6	—
Melton (north)...	203	41	—	4	165	—	—
Melton (south)...	226	38	—	8	195	2	—
Mountsorrel ...	198	8	—	10	180	—	—
Syston ...	259	5	2	5	255	1	—
Wigston ...	252	19	1	8	234	2	1
TOTALS ...	4,541	262	15	192	4,040	52	97

**Summary of Vaccination Officers' Returns for the year
1st January to 31st December, 1932 (continued)**

Vaccination Districts	No. of children at end of year shewn as :-			Cases otherwise outstanding at end of year	
	Postponement by Medical Certificate	Removed to other Districts	Removed— unable to trace	Under 6 months	Over 6 months
Ashby	1	6	5	17	14
Billesdon	1	56	6	83	—
Enderby... ..	—	—	—	55	—
Hinckley	—	—	2	49	1
Loughborough ...	11	2	10	133	—
Lutterworth	—	—	2	13	—
Mkt. Bosworth...	—	—	—	24	42
Mkt. Harborough	22	24	108	32	54
Measham	2	—	—	18	14
Melton North ...	12	1	—	8	—
Melton South ...	23	12	24	18	1
Mountsorrel ...	30	—	61	13	2
Syston	1	—	—	25	—
Wigston... ..	8	2	13	17	1
TOTAL	111	103	231	505	129

Summary of Vaccination Officers' Returns rendered to the Registrar-General respecting the Vaccination of Children whose births were registered from January 1st to December 31st, 1931.

(1) No. of births entered in "Birth Lists" as registered during 1931 4,672

(2) Statement relating to these Births on 31st January, 1933 :—

(a) No. successfully vaccinated 336

(b) No. insusceptible to vaccination 17

(c) No. had Small Pox 1

(d) No. of Statutory Declarations received 3,968

(e) No. died unvaccinated 195

(f) No. temporarily unaccounted for 97

(g) No. otherwise unaccounted for 58

4,672

(3) No. of cases of children successfully vaccinated after Statutory Declaration had been received (included in sub-heading (d)) ...

5

4. Boarded-out Children.

The work of inspection of these children is undertaken by the County Health Visiting Staff.

A routine visit of inspection is made to each case once every six weeks. Where the circumstances of the case require it more frequent visits are undertaken and in all cases a detailed report of the conditions found is made on a special form. These reports are carefully examined by Dr. Cowan and a copy transmitted to the Public Assistance Officer with any comments considered necessary.

The number of children on the register on December 31st, 1932, was 61.

In order that the maximum benefit should be obtained from the work of inspection it is necessary that detailed inquiry into all the circumstances of the child should be made at each visit. It is found that this work occupies an unduly high proportion of the time of the Health Visiting staff, and I am still of opinion that in order to secure a proper uniformity of procedure and adequate supervision of these children the work could best be undertaken by an officer devoting her whole time, or part time, in conjunction with similar work, to the necessary visits of inspection.

There were no reports received during the year concerning these children which required any serious action being taken owing to unsatisfactory conditions.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

In the latter part of the year a new Institution for the care of mental defectives was opened at Stretton Hall. This Institution which is administered by the Mental Deficiency Act Committee of the County Council will make provision for high grade mental defective females and for a few low grade boys and girls. The available accommodation at present is 20 cot and chair cases, and 30 of medium and high grade.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The year has been marked by a steady decline in the number of cases of Small Pox notified in the County. Since 1929 Small Pox has occupied the major position in the records of infectious diseases, and the most noteworthy feature in this year's returns is the fact that this disease has abated to a marked extent and that only one case occurred during the last quarter of the year. The total number of cases notified in 1932 was 111, as compared with 754 in 1931 and 567 in 1930. It is hoped that this cessation of the disease will remain permanent, and prove to be the end of the epidemic which has endured since 1929. A full survey of the incidence and distribution of Small Pox during the year is contained in the report under a separate heading.

There has been an increase during the year in the number of cases of Scarlet Fever, but the incidence of Measles is relatively much lower than in the previous year. Notifications of Diphtheria again show a decline, but there has been some increase in the number of cases of Primary Pneumonia. An epidemic of Chicken Pox occurred during the summer and autumn in the Loughborough district, a total of 411 cases being notified in that district alone.

No difficulty has been encountered in meeting the demands for Isolation Hospital treatment, and with the opening of the new hospital at Markfield during the year the County will be well served for hospital accommodation for these cases.

DIPHTHERIA.

The number of cases of Diphtheria notified during 1932 was 124 as compared with 166 in 1931.

The disease showed a more marked prevalence in Urban areas, where 90 cases were notified, than in Rural districts. With the exception of Ibstock, where 18 cases occurred, the disease was fairly evenly distributed over the County with no marked evidence in any one district.

It was not found necessary to close any school in the County on account of an outbreak of Diphtheria.

There were 11 deaths recorded as due to Diphtheria as compared with 12 in the previous year. The death rate from this disease is identical with that of last year.

SCARLET FEVER.

The notifications of Scarlet Fever totalled 670, an increase of 52 on last year. Districts adjacent to the City of Leicester, Oadby, Braunstone and Lubbethorpe, showed a relatively high incidence, a total of 135 cases occurring in these areas. With the exception of Coalville where 69 cases were notified, nothing in the nature of an epidemic distribution was noted.

It was found necessary to close one school owing to the prevalence of Scarlet Fever, and two certificates of low attendance were issued during the year.

The cases admitted to Isolation Hospitals totalled 510 (75 per cent. of the total notifications).

There were five deaths recorded as due to Scarlet Fever.

It has not been considered practicable to undertake artificial means of immunisation against Diphtheria and Scarlet Fever and the practice of Schick and Dick tests respectively has not been adopted.

MEASLES.

The weekly returns from Elementary Schools showed a marked decrease in Measles during the year. One school was closed on account of Measles, and one on account of Measles and Mumps, the period of closure in school days being 15 in the former and 13 in the latter, and the total number of children affected 70.

Certificates of reduced attendance were issued to 11 schools involving 1,191 children as compared with 45 schools and 4,824 children in 1931. Certificates were also granted to two schools involving 56 children on account of Measles and Mumps.

INFLUENZA.

From the evidence contained in the weekly school returns there has been a considerably increased prevalence of Influenza, particularly in the latter part of the year. It was found necessary to close one school, and 23 certificates of reduced attendance affecting 1,568 children were issued on account of this disease.

The number of cases of Influenza amongst the adult population began to increase towards the latter part of the year, and culminated in the widespread epidemic which affected the whole country early in 1933.

PNEUMONIA.

The number of cases of Pneumonia notified was 350 as compared with 290 in 1931. The number of notifications from Urban districts was 171 and from Rural areas 179. The chief centres from which notifications were received were Coalville, Hinckley and Melton Mowbray. More than 70 per cent. of the cases occurred during the first half of the year.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

There were four cases of Puerperal Fever and 22 of Puerperal Pyrexia notified during the year. The number of deaths recorded as due to Puerperal sepsis was five.

ERYSIPELAS.

During the year 75 cases of Erysipelas were notified, a decrease of ten on the previous year. The number of cases notified from Urban districts was 34 and from Rural areas 41. No district showed any marked incidence and the cases occurred fairly evenly throughout the year.

GASTRO-INTESTINAL GROUP OF DISEASES.

The number of cases of Enteric Fever notified during 1932 was six. No case of Paratyphoid Fever was notified. These cases were sporadic and occurred in the Urban districts of Ashby and Hinckley, and the Rural districts of Blaby, Castle Donington, Market Harborough and Melton Mowbray.

No case of Dysentery was notified during the year.

MALARIA.

There were no notifications of any case of Malaria during 1932.

DISEASES OF THE CENTRAL NERVOUS SYSTEM.

(a) Encephalitis Lethargica.

There were no cases of Encephalitis Lethargica notified during the year.

(b) Poliomyelitis.

Four cases were notified as compared with two last year. One case occurred in the Hinckley Urban District, one in Blaby Rural District, and two in Lutterworth Rural District.

(c) Cerebro-Spinal Fever.

The number of notifications received was 12 as compared with six last year. The districts affected were Coalville, eight; Swannington, one; Whitwick, one; and Glenfield, two.

DISEASES LOCALLY NOTIFIABLE.

Chicken Pox.

This disease was locally notifiable in certain areas of the County during the year, and 432 cases were notified. Of these 411 occurred at Loughborough, where the disease reached epidemic proportions during the late summer and autumn.

No schools were closed on account of this infection but eight certificates of reduced attendance were issued affecting 400 children.

Apart from the outbreak at Loughborough the incidence of the disease remained low in other districts where the disease was notifiable.

OPHTHALMIA NEONATORUM.

The following is the record for 1932 :—

Notified	Cases		Vision Un- impaired	Vision Im- paired	Total Blind- ness	Deaths
	Treated					
	At Home	In Hospital				
15	14	1	15	—	—	—

There has been a decrease of nine in the number of cases notified, and in no case has there been any impairment of vision.

SMALL POX.

This year has seen the end of the epidemic of Small Pox which had prevailed in the county since July, 1929.

There were 27 notifications in January compared with 20 in December, 1931, there was a slow fall to eight cases in April with a rise to 17 in June followed by a fall to two cases in the first week of the fourth quarter since which time there have been no further cases.

*The total number of cases of mild Small Pox notified during 1932 was 111, of which 91 cases occurred in Urban Districts—20 in Rural Districts. This is a reversal of the experience in 1930 and 1931, when the preponderance was in the Rural Districts, though it was noted that most of the cases occurred in the industrial parts of those areas.

Deaths. There were no deaths from Small Pox during the year.

Distribution. There were two main groups of cases this year accounting for 99 cases ; of the remaining 12, 11 were from the Saffron Lane Estate, Braunstone and Anstey, and infection was probably from the city, as they were mostly city workers while one was a sporadic case at Fleckney.

The two main groups were those in the Wigston and Countesthorpe district and the Oadby district. In the former there had been a recurrence towards the end of 1931, and this continued to the second quarter. The outbreak at Oadby commenced in the third week of April. It was caused by a child, coming from a Metropolitan Borough, who was suffering from what was diagnosed in London as a "Spring rash." Five persons in the house were infected. A member of this staff saw, in consultation, the first contact to be infected ; the man was suffering from definite variola minor, and it was elicited that he had a younger brother, attending Oadby Council School, who had a rash, and this was found to be Small Pox. The outbreak was thus definitely traced to this imported source of infection.

Of the 111 cases notified, 53 were admitted to the County Hospital at Syston, and 50 to the City Hospital, the remainder were treated at home for various reasons, while 12 City cases were treated in Syston Hospital, making a total of 65 cases treated in the County Hospital.

*This figure is the return recorded locally and differs from that of the Registrar-General recorded in Table 3.

Age and Sex Distribution.

The following table shows the cases admitted to Syston Hospital during the year, divided into age groups and subdivided according to sex :—

TOTAL ADMISSIONS.

Age—Groups.	Male.	Female.	Total.
0—5	—	1	1
5—10	4	3	7
10—20	14	13	27
20—30	11	2	13
30—40	3	4	7
40—50	4	2	6
50—60	2	2	4
All ages ...	<u>38</u>	<u>27</u>	<u>65</u>

Vaccinal Condition.

Three cases vaccinated in infancy contracted Small Pox, one male, aged 59; and two females, aged 46 and 53 years. The percentage of vaccinated cases was thus 2.7.

Over a period of four years and with a total number of admissions of 103 vaccinated cases, no case of Small Pox occurred in persons vaccinated with the last 29 years.

Hospitals.

Syston Hospital was open from the beginning of the year and received both County and some City cases, till it was closed on April 9th, 1932. After that date all County cases were admitted to the City Hospital.

The following summarises the admissions of County cases to the two Hospitals :—

Hospital.		Period.	Admitted.
Syston Hospital	... ..	1/1/32—9/4/32	53
City Hospital	... ..	15/4/32—29/9/32	50
			103

Four City cases were transferred from Syston Hospital to the City Hospital on 18th March, 1932, and one on 21st March, 1932.

It was not found necessary to use Snarestone Hospital during the year.

MATERNITY AND CHILD WELFARE SERVICE.

The number of Infant Welfare Centres in active operation in the County at the end of 1931 was 37. During the current year no Centres have been closed, nor has there been any extension of the service by the inauguration of new Centres. All the Infant Welfare Centres are administered with the help of Voluntary Committees, and of the 37, ten are open once a week, 26 hold a fortnightly session, and one a monthly session. A member of the Health Visiting Staff attends at each meeting, and a Medical Officer is present at least once per month. The voluntary workers assist in keeping records of attendances, etc., and undertake work in connection with the necessary social activities of the Centres.

I outlined in some detail, in my Annual Report of last year, the various aspects of the administrative, clinical, and educational work of the Maternity and Child Welfare Service. I propose, therefore, to confine my comments in this report to the general working of the scheme during the year.

(a) Administration.

The fact that the administration of both the Maternity and Child Welfare Service and the School Medical Service is directed by the County Medical Officer ensures that complete co-ordination between these departments is

possible. With the exception of Dr. Dalton and Dr. Murray, who act as whole-time School Medical Officers, the clinical work of both departments is undertaken by the same Medical Officers and the Nursing Staff is common to both departments. This ensures a uniformity of procedure both administrative and clinical in relation to the health services concerned with the care of the child from infancy to adolescence.

The same arrangement continues in force, as heretofore, for the transfer of information from the medical record cards in use at the Infant Welfare Centres to the School Medical Department when the child attains school age.

The arrangement brought into operation last year with reference to a similar transfer of information from the Birth Inquiry and Infant Record Cards used by the Health Visitors has worked very successfully, and much valuable information concerning the history of many children has been made available to the School Medical Department. As these cards are filed in a card index system according to the name and date of birth of the child, the transfer of the information does not entail much extra work as the cards automatically become due for transfer each month according to the age of the child in years and months.

Although there have been no further extensions in the service during the year, work still continues to show steady progress, as will be evident from the figures shown under the various headings of work done. Many areas of the County are still not served by Infant Welfare Centres, but with the present staff fully engaged on diverse duties it would be impossible to undertake further responsibilities by opening new Centres without additional appointments enabling a re-arrangement of the work. In those areas where Centres have had to be closed down, or even in areas not previously served, the opening of an Infant Welfare Centre would mean a marked concentration of effort in that district for some time to the detriment of other duties which are equally important to the maintenance of the health services. This fact combined with difficulties associated with transport and of time and money expended in travelling to outlying districts, render it unlikely that any marked extension of services will occur at the present time.

(b) Clinical Work.

The clinical work at Infant Welfare Centres is undertaken entirely by the whole-time Medical Officers of the County Council. Each Centre is visited by a Medical Officer at least once per month, and certain Centres once a fortnight.

In so far as possible the aim of the work is entirely preventive, and no treatment is carried out; children suffering from any defect which requires treatment are referred to their own doctor. An initial examination is made of each infant or child who attends the Centre for the first time, and an endeavour is made to carry out periodic re-examinations at intervals. In addition any infant or child whom the parent wishes to be seen by the Medical Officer is examined and advice given. By confining the work to such inspections and referring parents to their own doctor for treatment of their children, the Infant Welfare Centres are in no way superseding the work of the general practitioner. This clinical work, the individual advice on matters pertaining to the care and upbringing of the infants and the

collective education of the parents by means of lectures form the true function of Infant Welfare work, and render it a valuable corollary to the work of the general practitioner.

In addition to the work of medical examination infants are weighed by the Health Visitor at each session, and a record made on the card, with which each parent is provided, and in the register of the Centre.

The Medical Officers made 4,544 clinical examinations during the year, and 1,614 children were examined for the first time. The total number of weighings carried out by the Health Visitors was 28,795.

The principal defects observed at examinations made by the Medical Officers were :—

Skin conditions 207, Umbilical Hernia 145, Gastric disorders 107, Phimosis 113, Bronchitis 94, Nasopharyngitis 50, Congenital Deformities 46, External eye conditions 43, Strabismus 37, Rickets 35, Ear disease 25, Enlarged glands 22, Threadworms 15, Hernia 14.

Provision is made for Ophthalmic treatment in necessitous cases, and this forms an important preventive branch of the service. During the year 34 cases were examined by the County Oculist and appropriate treatment carried out.

(c) Educational Work.

Particular attention is paid to this branch of the work, and every effort is made to inculcate the proper principles of infant care and management in all its aspects. Whether this is undertaken by means of individual advice to parents or by lectures it forms the basic principle upon which the success of the work will eventually depend. No amount of clinical work will compensate for pernicious habits in the upbringing of infants, and without educational measures to counteract this tendency ill health amongst infants and young children will not decrease, and the Welfare Centre will become a clearing house for various ailments.

During the year in addition to the individual advice given to parents at the time of examination of their infants, Medical Officers and Health Visitors gave 595 talks on general health subjects.

The instruction included talks on Ante-natal Care, Infant Feeding and Management, the Care of the Toddler, the common infectious diseases and other special subjects. In the early part of each year the aims and objects of Infant Welfare work are outlined, and special emphasis is laid upon the preventive aspect of the service. Parents are informed that the Infant Welfare Centre does not exist for the treatment of their infants' ailments, and does not attempt to take the place of their doctor's surgery or the out-patient's department of the hospital, but rather is an institution designed to try to keep their infants in a state of good health by putting into practice the principles of prevention and to afford parents the opportunity to share the knowledge which is the fruit of our wider experience and is justified by the excellent results which have accrued.

Literature in the form of pamphlets is not distributed wholesale, but is given to the individual parent as part of the scheme of instruction where

there is felt to be need for it and where the Medical Officer is satisfied that it will be put to proper use.

There is reason to believe that this educational work is producing satisfactory results, and that parents are really paying attention to the advice given. There is direct evidence that the teaching of mothers to breast feed their infants is being followed out, and indirect evidence of the effect of instruction in many other directions.

(d) Statistics.

During the year 986 meetings were held at the various Centres in the County. The total number of mothers on the registers at the end of the year was 3,295 and the number of attendances made was 35,345.

The total number of babies under one year was recorded as 2,218, and the number of attendances made was 20,225. The number of toddlers attending the Centres was 1,971, and these made a total of 22,916 attendances.

The average attendance of children per session at all Centres during the year was 43.8.

During 1932, 1,338 women, 1,338 infants under one year of age, and 317 toddlers attended the Centres for the first time. In addition 20 expectant mothers made 112 visits of attendance at the Centres. Of the total number of children born during the year 35.4 per cent. attended Infant Welfare Centres in the County.

The Medical Officers made 442 visits to Maternity and Child Welfare Centres during the year. The visits of the individual Medical Officers were as follows :—

Dr. Fairer 12, Dr. Cowan 47, Dr. Anderson 112, Dr. Coward 3, Dr. Weston 144, Dr. Walters 124.

The Medical Officers carried out 4,544 clinical examinations during the year, and of these 1,614 were primary examinations.

Supply of Milk to Necessitous Mothers.

The scheme for the supply of milk to Expectant and Nursing Mothers, and to children under two years of age, has been continued without alteration during the year. The work is directly under the control of the Maternity and Child Welfare Committee to whom all applications for grants of milk are submitted.

Grants are made only upon medical grounds, and according to a scale adopted by the Committee. Originally the scheme included children up to five years of age, but during 1931 it was decided that owing to the large increase in the number of applications it would be necessary to alter the age limit for children to two years.

It is necessary that every precaution should be taken to ensure that only deserving cases should benefit and careful investigation is made in every case in order to ensure that the milk is really necessary. Those persons in receipt of Poor Law Relief are not eligible for grant under the scheme as the Public Assistance Committee accept full responsibility for their welfare.

The quality of the milk supplied is of the highest standard, and "Grade A" milk is distributed where it is available.

Mothers in receipt of grants are required in so far as is possible to attend the Infant Welfare Centres in order that the cases may be kept under medical supervision.

During the year 1,366 applications for milk grants were received, and 1,221 were approved by the Committee for periods not exceeding two months after which time the cases were re-considered. The total amount expended on this service was £1,031, this figure being an increase of £6 on that of the previous year.

Inspection of Children under the Children Act.

This work is carried out under the control of the Maternity and Child Welfare Committee, and the inspections are undertaken by the County Health Visiting Staff.

The following is a summary of the work done during the year :—

CHILDREN ACT, 1908.

No. of cases on Register on December 31st, 1931	...	...	59
No. of new cases	...	...	44
Returned to parents	...	...	15
Adopted	...	...	1
Attained seven years of age	...	...	5
Died	...	...	4
Left County	...	...	7
Transferred to new foster parents	...	...	8
No. of cases on register on 31st December, 1932	...	...	63

Each case is visited by the Health Visitor at least once every three months, additional visits being made as circumstances require.

Arrangements have been made to carry out the administrative changes which will be necessary in connection with this section of the work as a result of Part V of the Children and Young Persons' Act, 1932, which will come into force on January 1st, 1933. An advertisement in the form suggested by the Ministry of Health was inserted in the local press, and leaflets setting out the changes under the new Act were printed and will be available to interested persons when the Act comes into operation.

MATERNAL MORTALITY.

(a) Maternal Deaths.

The work of investigation of maternal deaths is undertaken by Dr. Cowan in co-operation with the general practitioners of the County. All facts relating to these notifications are treated as strictly confidential, and the reports are forwarded to the Ministry of Health, no copy being retained locally.

Although the final report of the Departmental Committee on Maternal Mortality and Morbidity was published in August, 1932, it was decided in accordance with the suggestion in a Memorandum issued by the Ministry of Health to continue local inquiries into maternal deaths. For this purpose the simplified form of report, drafted by the Ministry, is now used, and there can be no doubt that the opportunity afforded to the investigating officer of discussing the circumstances of each maternal death is of value to the Health Department and the general practitioner in matters concerning the co-operation of the Local Authority with private medical services.

(b) Puerperal Fever and Puerperal Pyrexia.

Arrangements for the provision of Consultants and of facilities for bacteriological examination for cases of Puerperal Fever and Puerperal Pyrexia continued in force throughout the year. The scheme provides for the services of a number of Consultants with special training and experience in obstetrics to be available through the Health Department to any general practitioner on request. In addition any bacteriological examinations required by practitioners are undertaken at the County Laboratory.

No responsibility is undertaken at present for the treatment of these cases in hospital, but the question of allocating a few beds at Markfield Isolation Hospital is under consideration.

(c) Report by Maternal Mortality Officer (Dr. K. Cowan, Deputy County Medical Officer).

The Maternal Mortality Rate for the County during the year 1932 is returned as 3.4 deaths per 1,000 births. This rate shows a slight increase upon that for the previous year.

The appended Table shows the return of Maternal Mortality in Leicestershire during the ten years 1923 to 1932.

Leicestershire Maternal Mortality per 1,000 Births.

Year.	Births.	No. of Puerperal Deaths :—			Rates per 1,000 Births	
		Sepsis.	Other Causes.	Total.	Total.	
1923	5,319	3	10	13	2.4	
1924	5,130	3	11	14	2.7	
1925	4,874	8	15	23	4.7	
1926	4,868	5	12	17	3.5	
1927	4,887	7	10	17	3.5	
1928	5,074	12	12	24	4.7	
1929	5,013	9	15	24	4.8	
1930	5,201	7	10	17	3.27	
1931	5,179	5	12	17	3.28	
1932	5,039	5	12	17	3.37	

The Final Report of the Departmental Committee on Maternal Mortality and Morbidity was issued during the year. The Committee investigated a total of 5,805 reports on the circumstances of maternal deaths, and as a result of their deliberations certain conclusions as to the causes both clinical and administrative of the high Maternal Mortality have been reached. In addition certain recommendations have been made with a view to raising the standard of maternal care throughout the country.

The opinion expressed by the Committee in their interim report that at least half of the deaths which were reviewed were preventable is confirmed by the findings incorporated in the Final Report.

The essential services considered necessary to secure a higher standard of care for the mother during pregnancy, labour and the puerperium, are :—

(1) The provision in every case of the services of a registered midwife to act either as midwife or as maternity nurse (the midwife being responsible for normal midwifery and for routine ante-natal supervision).

(2). The provision of a doctor to carry out ante-natal and post-nata examination in every case, and to attend as may prove necessary during pregnancy, labour, and the puerperium, all cases showing any abnormality.

(3) The provision of a Consultant when desired by the attending doctor during pregnancy, labour and the puerperium.

(4) The provision of certain ancillary services, dentistry, home helps, sterilized outfits and facilities for pathological investigation as desired by the doctor.

Other recommendations concern the training and employment of midwives, ante-natal supervision and Maternity Hospitals.

The application to this County of the suggestions embodied in these recommendations would be concerned mainly with the provision of ante-natal and post-natal supervision by medical practitioners, and consultants, and with Maternity Hospital provision. The midwifery services of the County are sufficiently adequate to meet the needs of the area, and arrangements are in force which provide for post-certificate courses for midwives, and for their instruction in ante-natal care.

I dealt fully with the question of the organisation of ante-natal services for the County, both in Urban and Rural areas, in my report of last year, and the need for the extension of such services as exist and their organisation upon a sound basis is emphasised by the findings of the Departmental Committee. Pending the adoption of a National Maternity Scheme on a comprehensive basis it is only by the efforts of local authorities to make adequate provision in their own areas that any reduction in the high maternal mortality is to be hoped for. It would appear that if, as stated, fifty per cent. of the deaths which occur are directly preventable, then there is indeed a wide field for endeavour both in the clinical and administrative aspects of the problem, and every possible measure should be undertaken which will assist towards reducing the number of preventable deaths.

Nevertheless, however comprehensive the maternity services provided by the Local Authority may be, they cannot hope to attain a full measure of

success without the co-operation of the women concerned. To this end the education not only of the expectant mother, but of the general public towards an appreciation of the necessity and value of medical supervision both before and after childbirth forms a fundamental need. Such education, if it is to be conducted on proper lines, must be undertaken with care. The dangers associated with pregnancy and child-birth must not be presented in such a form as to create the idea in the mind of the expectant mother that her condition is synonymous with danger to health and life, and yet at the same time there must be sufficient knowledge imparted to persuade her of the necessity of complete medical supervision both before and after the confinement.

ANTE-NATAL CENTRES.

(a) Report on Clinics.

(1) *The Hinckley Clinic.*

The work of this Centre has been continued throughout the year under the control of Dr. Mary Weston. The Clinic is held monthly and the following Table shows the work undertaken :—

No. of Sessions	...	...	...	...	...	11
No. of mothers on register during the year	...	...	...	...	...	63
Total number of attendances	...	...	...	...	...	98
Average attendance per meeting	...	...	...	...	...	8.9

(2) *The Wigston Magna Clinic.*

This Clinic has been conducted on the same lines as last year under Dr. Constance Walters as Medical Officer. 11 sessions were held during 1932, and the total number of attendances made was 79. The number of expectant mothers who attended the Clinic was 43, and the average attendance per session was 7.

(b) Instruction for County Midwives in Ante-Natal Treatment.

Arrangements are in force whereby County midwives may attend the Ante-Natal Clinic at the Leicester and Leicestershire Maternity Hospital for a course of practical instruction in ante-natal care.

A panel of midwives has been formed and the midwives attend the Clinic in rotation. Each midwife attends the Centre during four sessions for general instruction at a charge of 5/- per session, the cost being met entirely by the County Council.

MATERNITY HOSPITALS.

The Leicester and Leicestershire Maternity Hospital receives a grant of £50 from the County Council and cases are admitted from the County when necessary.

Provision is made for the reception of unmarried expectant mothers at St. Saviour's Home, Northampton. During 1932 three cases were admitted to this Home. In addition arrangements are in force with the Ely Diocesan Home, Cambridge, and the Salvation Army Home, Birmingham, to receive cases if required.

The County Council allows the expenditure of £25 per year for the Convalescent Home treatment of nursing mothers.

An arrangement exists with the Warwickshire County Council to receive at their Maternity Home at Rugby maternity cases from Leicestershire near the Warwickshire boundary.

Hospital of St. Cross, Rugby.

Provision has been made for the admission to this Institution of complicated maternity cases (other than Puerperal Fever or Puerperal Pyrexia) from the County.

(a) Emergency Cases.

The County Maternity and Child Welfare Committee undertakes the responsibility for the payment of the cost of such cases (£3 3s. 0d. per week) provided that the County Medical Officer is notified as soon as possible after the patient's admission. The recovery of the whole or part of the charge is subsequently considered by the Committee.

(b) Ordinary Cases.

Approval of the Maternity and Child Welfare Committee must be obtained before an ordinary case can be admitted. Some contribution towards the cost will be required except in necessitous cases.

Treatment of Children.

Accommodation is provided for pre-tubercular children and for cases of early closed tuberculosis from five to ten years of age, at the Children's Convalescent Home, Woodhouse Eaves. Ill-nourished and delicate children from three to five years are also admitted. 15 beds are reserved at this Home for County cases. The Home is under the supervision of the Senior Tuberculosis Officer. Consequent upon the opening of the new County Sanatorium at Markfield certain changes may take place in the provision made for the former group of children early in 1933.

The following is an extract from the report of Dr. Tuckett, Medical Officer to the Home, concerning the year 1932 :—

“ The Charnwood Forest Convalescent Home was open for 50 weeks, and during that period 102 children were admitted for treatment. As per table you will see that children were very much improved in health—average gain in the pre-tubercular children 5-lbs. 4-ozs. This speaks for itself how this class of child improved in health.

“All the children seem to get great benefit from the Ultra-violet ray treatment, and sleep on the balcony for the greater part of the year.”

(Signed) W. REGINALD TUCKETT,

Medical Officer to the Home

Summary of the Year, 1932.

	Tuberculosis	M. & C.W.	Total
Total No. of children admitted ...	78	24	102
Average stay of each child (in days)	43.2	40.6	42.4
Average gain in weight	5lbs. 4 ozs.	2lbs. 15 ozs.	4lbs. 12 ozs.
State of Health on Discharge.			
Much improved	42	4	46
Improved	32	17	49
Satisfactory	4	3	7

THE COUNTY ORTHOPAEDIC SCHEME

(Dr. K. Cowan, Deputy County Medical Officer).

The Orthopaedic scheme continues to show satisfactory progress, and the year has been marked by further important developments and extensions which have added to the efficiency of the scheme and which will eventually have a profound effect upon its administration.

Three requirements are fundamental if an orthopaedic scheme is to be administered successfully and economically in a large rural and industrial area. Firstly, there must be efficient machinery in operation to secure the earliest ascertainment of cases possible, secondly, there must be continuity in treatment, and, thirdly, it is essential that the good results secured from treatment must be maintained by adequate after care supervision. Whilst the scheme in the County has been formulated with these ideals in view, many difficulties have been encountered and it has been felt that the basic administration has not been all that could be desired. This is due largely to factors entirely outside our control.

In the early stages of the scheme it was found necessary to make use of agencies for treatment outside the County. There were no facilities available within the area of which efficient and economic use could be made, particularly with regard to in-patient treatment. The scheme developed, therefore, as a series of clinically independent units which for County purposes were united under the administrative control of the Health Department. In so far as possible each unit was developed as a clinical entity. The Out-patient Clinic in the County had its parent hospital outside the County, and the same Orthopaedic Surgeon carried out the treatment in each. Different areas of the County were served by different out-patient clinics and by different orthopaedic hospitals, each with its own Orthopaedic Surgeon. While this method of dealing with crippling defects in the County has had a remarkable degree of success it has many obvious disadvantages. In-patient treatment has to be carried out in hospitals far removed from the patients' homes, and the financial and administrative control of these diverse units is a much more difficult undertaking than would be the case with a clinical unit centred in the County.

Further developments of the scheme within the past two years concurrent with the establishment of an orthopaedic hospital school in the City of Leicester would render it possible to readjust the administration gradually in order to place it upon the ideal basis, viz., a central orthopaedic

hospital school situated in Leicester with a chain of out-patient clinics in the County which could be conducted as out-patient departments of the parent hospital. These developments consist of an agreement with the Leicester City Authority to refer County cases occurring in areas adjacent to Leicester to the Leicester City Orthopædic Clinic, and to allow for in-patient treatment of such cases at the City General Hospital, Leicester, which has recently had a large wing equipped as an Orthopædic Hospital School. In addition a new combined clinic has been completed at Melton Mowbray, and will be opened early in 1933. This Clinic has a well-equipped Orthopædic Department, and will be under the clinical direction of Mr. Morris, the Orthopædic Surgeon to the Leicester City Authority. In-patient treatment for cases attending the Clinic will be undertaken at the City General Hospital, Leicester.

Plans have been formulated for the erection of a Clinic on similar lines at Hinckley, and if the same procedure is followed at the latter Clinic with regard to staffing and in-patient treatment, then the City General Hospital will act as parent hospital to three of the Out-patient Orthopædic Clinics. The remaining two Clinics at Loughborough and Coalville will continue to function in conjunction with their parent institutions at Harlow Wood and Coleshill, respectively, but it should eventually be possible to bring them into line with the other Clinics thus securing a central clinical and administrative control of the whole scheme in Leicester.

In order that the new orthopædic wing at the City General Hospital should be rendered as fully useful as possible it is necessary that every support should be afforded from the County. The advantages accruing from having one hospital and one Orthopædic Surgeon with a uniformity of procedure in all the clinical work would be of immense benefit to the scheme, and would appear from present comparative cost to be likely to be more economical.

The present arrangements for dealing with the crippled in the County are as follows :—

(1) Ascertainment of the number of Cripples.

Special attention is devoted to this important phase of the work. It is the constant endeavour of the department to secure cases for treatment at the earliest possible stage of defect, and with this object in view Medical Officers, Health Visitors, and Secretaries of Infant Welfare Centres, notify cases of deformity or disability to the central office irrespective of any other action which may be taken with regard to treatment. Details of all cases are kept in a special orthopædic register, and followed up by the medical and nursing staff to ensure that treatment has been obtained.

The greatest hope of prevention of many crippling defects lies in the measures taken for prevention in infancy and pre-school life. In addition to the special measures mentioned above and outlined in previous reports, talks are given by Medical Officers to mothers at Infant Welfare Centres on orthopædics and on the methods of prevention of crippling diseases.

It is pleasing to note that more cases of early disability have been brought to the notice of the department during the current year than previously, and that many defects have been treated and cured that might have been neglected and led to permanent deformity. It is hoped that with the

continuation and extension of these measures the scheme will deal in the future mainly with early cases and that the cases which show little hope of cure through the onset of sequelæ due to lack of treatment will become a rarity.

The extra work entailed to ensure early ascertainment and to secure treatment for all cases is amply repaid by the increased hope of cure in each individual case, and the proportionately smaller expenditure on treatment in securing the better result.

(2) Orthopaedic Hospitals.

The hospitals available for in-patient treatment of County cases are :— The Warwickshire Orthopaedic Hospital for children, Coleshill, working in conjunction with the Coalville Clinic ; Harlow Wood Orthopaedic Hospital, Nottinghamshire, taking cases from the Loughborough Cripples' Guild ; the City General Hospital, Leicester, to which cases are admitted from the Leicester City Clinic, and which will also take cases from the Melton Mowbray Clinic in 1933. For certain cases use may be made of the Manfield Orthopaedic Hospital, Northampton.

The County Council, in necessitous cases, bears part of the whole of the expenses involved.

(3) Out-patient Clinics.

(a) *The Coalville Clinic.*

This Clinic is directly under the control of the County Council. The treatment is in the hands of Mr. Allan, of Coleshill Hospital.

Financial transactions concerning treatment, appliances, etc., are all made through the central office.

The Clinic is open on two afternoons per week from 1-30 p.m. until 4-30 p.m., and the Orthopaedic Surgeon attends for one session per month, when all new cases are seen and the treatment of those in attendance comes under review.

A fully trained Orthopaedic Sister and a masseuse from Coleshill Hospital attend each session to carry out the treatment prescribed by the Orthopaedic Surgeon.

The work of this Clinic was transferred to new premises in the early part of the year. A new combined Clinic and Infant Welfare Centre, with a special department devoted to orthopaedic work, was completed at Coalville in 1931. In January of this year work was commenced in all departments. Work has been greatly facilitated in the new building, which is excellently adapted for all forms of out-patient orthopaedic treatment.

For administrative reasons it was found necessary to dispense with the services of the Voluntary Committee who had been associated with the work of the Clinic since its reception. A great deal of time and energy had been freely devoted by these workers to further the success of the Clinic, and it was with mutual regret that their useful and valuable association with the Clinic had to be terminated.

(b) Loughborough Cripples' Guild.

The Loughborough Clinic differs from Coalville in that it is administered by the Cripples' Guild. The Leicestershire County Council and the Loughborough Borough Council contribute towards the Guild according to the number of treatments their patients receive.

The charge for ordinary County cases is 2/6 per attendance, and small additional charges are made for special forms of treatment.

The Clinic is open all the week for massage and other forms of treatment. The staff consists of the Orthopædic Surgeon, Mr. Malkin, who visits the Clinic once a month; the Orthopædic Sister who attends once a week from Nottingham, one masseuse who is employed full time, and four voluntary workers.

The Clinic is associated with the Nottingham Cripples' Guild and the parent hospital is the Harlow Wood Orthopædic Hospital, Nottinghamshire.

(c) Leicester City Clinic.

This Clinic is under the control of the Leicester City Authority, and County cases are referred for treatment on a pro rata basis. All forms of out-patient orthopædic treatment are undertaken, and, in addition, beds are available for short periods of in-patient treatment.

Mr. Morris, the Orthopædic Surgeon to the Leicester Authority, is in control of the clinical work with the assistance of an Orthopædic Sister and masseuse.

In the early part of the year an agreement was concluded between the County and City Authorities to permit of the use of the City General Hospital, Leicester, by County cases requiring in-patient treatment of more than a few days duration. Complete continuity in treatment, out-patient and in-patient is thus available at this Clinic and its parent hospital, for all cases referred from the County.

(d) Leicester Royal Infirmary.

Out-patient treatment is available in the Orthopædic Department of the Leicester Royal Infirmary for County cases. No charge is made for attendance, but financial responsibility is assumed by the County Authority for surgical appliances in necessitous cases according to the needs of the parent.

These cases are notified to the Department by the Secretary of the hospital with full particulars of the nature of the disease and the treatment recommended.

(e) Rugby Orthopaedic Clinic.

Arrangements are in force whereby the County Maternity and Child Welfare Committee sanctions the charge of 2s. 6d. per attendance for Leicestershire children whose treatment is undertaken by the Clinic, provided that :—

(1) Application is first made to the County Medical Officer to enable the case to be visited by a member of the Medical Staff.

(2) Each application is considered by the Committee after an investigation into the financial circumstances.

(3) Monthly reports are rendered by the Clinic to the County Medical Officer.

(f) *Additional facilities.*

Orthopædic treatment is undertaken for certain children by the Hinckley Cripples' Guild. At present there is no formal arrangement for co-operation with this body, but plans have been completed for the erection of a combined Clinic at Hinckley in the near future on similar lines to that in operation at Coalville.

During the year work was completed on the building of the new combined Clinic at Melton Mowbray, and it is hoped to bring this Clinic into full operation early in 1933. The staff will consist of Mr. Morris, Orthopædic Surgeon to the Leicester City Clinic, and a masseuse. In-patient treatment will be undertaken at the City General Hospital, Leicester.

Certain forms of orthopædic treatment are undertaken at Market Harborough Cottage Hospital.

(4) Provision of Surgical Apparatus.

Complete arrangements are in force for the provision of surgical apparatus for County cases.

Upon application being received inquiry is made into the financial circumstances, and each case is placed before the appropriate Committee for their decision. Recovery of cost is made from the parents according to a scale approved by the Committee.

(5) After-care Supervision.

Upon the methods employed for after-care supervision depends to a large extent the maintenance of benefit obtained from efficient treatment. Many cases upon discharge from the hospital or clinic still require the use of apparatus to maintain function or prevent relapse. The following up of such cases, and their supervision in their own homes form a very important phase of our endeavour to make the best possible use of the orthopædic scheme to better the condition of each individual treated.

An equally important and urgent need is that of securing, when possible, some form of employment for those persons left with a residual crippling defect, who will find it difficult to compete with their normal fellow citizens in securing a livelihood. These problems of after-care must be faced, and no scheme for the treatment of crippling defects can be said to be complete that does not follow up each case to ensure that all necessary measures have been taken to obtain the fullest possible benefit from the treatment afforded.

Much of this after-care work in the County is undertaken by the County Council staff of Medical Officers and Health Visitors, but in certain areas assistance is received from voluntary workers. It is particularly in the matter of the social welfare of the cripple that the voluntary worker can be of great

assistance, and there is need for much greater development of Voluntary Care Committees in most areas of the County. Such Committees efficiently organised and working in close co-operation with the Health Department would be invaluable in this particular branch of the work.

VENEREAL DISEASES.

The County Council provides for the treatment of Venereal Diseases in co-operation with the Authorities of the Leicester Royal Infirmary and Loughborough General Hospital. The out-patient clinic at Loughborough is conducted by Dr. J. B. Dalton, of the County Medical Staff, and is wholly under the administration of the County Medical Officer of Health. The Clinics at Leicester Royal Infirmary are administered by the Governing Body of that Institution, County cases being received and treated under financial arrangements approved by the Ministry of Health. At the Leicester Clinic the treatment of males is carried out by Dr. C. Hamilton Wilkie, and Dr. Bessie Symington is in charge of the female section.

The following are extracts from the reports of the Medical Officers who conduct the Clinics :—

Loughborough Venereal Diseases Clinic, 1932.

This clinic has now been in existence 13 years, during which period there have been 443 cases (294 males and 149 females). These cases have made a total of 6,709 attendances (3,983 males and 2,726 females). The clinic is held at the Loughborough General Hospital on Mondays at the following times :—

Females 3-30 to 4-15 p.m.
Males 5 to 6 p.m.

The following figures relate to the work during 1932 :—

New Cases :

		Males	Females	Total.
Syphilis	... ..	3	7	10
Gonorrhœa	... ..	12	2	14
Other conditions	... ..	13	5	18
		—	—	—
		28	14	42
		—	—	—

Renewed Attendances :

Syphilis	... ..	99	149	248
Gonorrhœa	... ..	134	19	153
Other conditions	... ..	20	7	27
		—	—	—
		253	175	428
		—	—	—

(There were also 33 intermediate attendances for irrigations made by females. These irrigations are given by the Sister on non-clinic days).

The numbers of new cases and renewed attendances last year were 25 and 535 respectively.

Treatment.

During the year, 78 injections of arsenobenzol compounds were given to 25 male and 53 female cases, seven less than in 1931. The preparations in use are Novarsenobillon and Metarsenobillon. Other forms of treatment, viz., bismuth compounds, vaccines, prostatic massage, etc., were also given to the number of 177.

Pathological Examinations.

In connection with the diagnosis and treatment of disease, 88 pathological examinations were made, compared with 49 in 1931.

Supplies of Arsenobenzol Compounds to General Practitioners.

Free supplies of these drugs were made to general practitioners treating venereal cases in the County. These amounted to 295 doses at a cost of £36 2s. 9d.

General Remarks.

The clinic was visited during the year by Drs. Harrison and Donelan of the Ministry of Health. It has been decided to close this clinic as it was considered that the number of cases attending did not warrant the expense incurred. Arrangements have been made to notify neighbouring clinics of this closure and patients will be advised to attend other centres. The closure will take place at the end of the present financial year, 31st March, 1933.

J. B. DALTON,

Venereal Disease Medical Officer.

Report on the Male Venereal Diseases Department, Leicester Royal Infirmary, for year 1932.

In previous years the complete report of the Medical Officer on this clinic has been printed in this Annual Report. This year, however, Dr. Hamilton Wilkie has issued a completely new type of report, which is a great improvement, and which contains many new and instructive features, such as, occupations of patients, whether married, single, widowed, or married and living apart; tables showing yearly rise or fall in number of new cases from the year 1918, and monthly incidence of new cases, etc. Full details are also given of anti-syphilitic treatment. Complete copies of the report may be had on request by those interested.

These new features are in the forms of tables and graphs, which unfortunately it is impossible with the space at my disposal to include, much as I would like to do so.

Dr. Wilkie makes the following remarks in opening the report:—

“Leicester Royal Infirmary Male Venereal Treatment Centre has been working under full pressure throughout the year. This centre, consisting of both in-patient and out-patient departments, is the one centre for the city of Leicester and for Leicestershire.

The new system of Case Recording and the alterations and extensions of the out-patient department, which were made at the beginning of the year, have greatly added to the efficiency of the work.

The actual number of new cases is greater than last year, although this increase is really due to an increase of cases, who on examination, were found not to be suffering from any venereal disease."

Dr. Wilkie, later in the report, writes :—

" It is the rule at this V.D. Centre that all new cases who suffer from venereal disease are informed that they will be written to in the event of their defaulting from treatment or observation. If the patient objected to this, an entry would be made that no letter has to be sent out to him. So far no objection has been given.

The form of letter written to a defaulter consists of a typewritten note, non-committal in character, requesting the patient to call at his earliest convenience. This note is signed by the Senior V.D. Officer. Should the defaulter ignore this first letter, a second one is sent, pointing out the danger to himself and others.

This method of writing to defaulters has done much to reduce the number of defaulters during the year under review."

I have extracted from Dr. Wilkie's report the following statistics :—

<i>New Cases.</i>		Syphilis	Soft Chancre	Gonorrhœa	N.V.D.	Totals
Town	...	50	1	181	201	433
County	...	35	1	56	76	159
		85	2	237	277	592
<i>Attendances.</i>						
Town	...	2,592	—	11,399	576	14,567
County	...	1,146	—	1,712	165	3,023
		3,738		13,111	741	17,590
<i>In-patients.</i>						
<i>No. Admitted.</i>						
Town	...	13	—	15	—	28
County	...	8	—	7	—	15
		21		22		43
<i>Aggregate</i>						
<i>In-patient Days.</i>						
Town	...	425	—	522	—	947
County	...	265	—	144	—	409
		690		666		1,356

Distribution of new County Cases.

	Area					No.
Coalville ...	...	...	...	...	...	28
Loughborough ...	...	...	...	...	...	18
Melton Mowbray ...	...	...	...	...	...	22
Market Harborough ...	...	...	...	...	...	5
Lutterworth ...	...	...	...	...	...	16
Hinckley ...	...	...	...	...	...	25
Just beyond boundary of City of Leicester...	...	...	...	...	...	46
County cases of unknown address ...	...	...	...	...	...	8

This table includes 9 cases seen for the first time in 1932 known to have received treatment at other centres for the same infection.

Report on the Female Clinic for Venereal Diseases at the Leicester Royal Infirmary for the year 1932 (for Leicestershire).

New Patients.

The total number of patients seen for the first time at the Clinic at the Royal Infirmary was 371.

Out of this number those living in the County numbered 89. 32 suffering from Syphilis; 23 from Gonorrhœa; and 35 showed after examination and observation no infective signs.

Out-patients.

The total number of female attendances was 10,309. Those seen by the Medical Officers at the Clinics numbered 6,917. Attendances made at other times for prescribed treatment were 3,393.

Attendances of County patients were 2,463. 1,464 for Syphilis; 999 for Gonorrhœa.

Syphilis.

Treatment has been by drugs given by injection—intravenous and intramuscular and also by mouth.

The aggregate number of injections given at all Clinics—male and female—City and County—has been 5,375. 2,397 have been given in the Female Department and of this number 838 were given to County patients.

The drugs given this year have been Neokharsivan and Stabilarsan, by the intravenous method. Also one or two cases of Neurosyphilis are being tried with injections of Tryparsamide.

Drugs given intramuscularly, chiefly to children, have been Sulpharsenol, Sulphostab and Metarsenobenzene—containing arsenic. Also various preparations of bismuth, the chief being Bisoxyl; also two or three cases diagnosed as “arsenic fast” have been given Quinostab.

The total number of female cases diagnosed as early Syphilis has been 14. Of these 6 were from the County.

The number of cases discharged after completion of treatment and observation has been 252. Of these, 23 were cases of Syphilis, 1 was diagnosed as Soft Sore, and 78 were cases of Gonorrhœa.

150 cases were examined and watched, and considered free from infection of Gonorrhœa or Syphilis.

37 cases were transferred to other Clinics, 24 suffering from Syphilis and 13 from Gonorrhœa.

Gonorrhœa.

The number of cases of Gonorrhœa has been 23. Only 4 have definitely been diagnosed as suffering for more than a year with the disease.

Treatment has varied considerably for the various cases.

General.

Alkalies by mouth are always given, also treatment for anæmia caused after the first one or two weeks. Vaccines have been given, also Contramine in special cases.

Local.

Disinfection of infected parts is carried out with various disinfectants. Mercurochrome, Flavine, Glycerin, Ichthyol, and Alkalies are chiefly used. Irrigation of the bladder is done in all cases where the urethra is infected. Instillation of glycerine into the body of the womb is done when considered necessary. Tampons are used, especially in cases of severe pain. Pessaries and douches are now rarely ordered.

Cases of abscess of Bartholini's Gland have this year been opened under gas in the Out-patient treatment room.

In-patients.

The number of in-patient days of treatment has been 2,685 ; those for County patients numbering 754.

109 cases were admitted. Of these 34 were County patients ; 6 suffering from Syphilis, 24 from complications of Gonorrhœa, and 4 babies born in the maternity ward showing no signs of Venereal Disease.

Among the cases admitted were :—

14 confinements in the little maternity ward. All babies are apparently healthy but are under observation. One was a case for Caesarean section

13 cases of Salpingitis treated without operation.

1 case operated on for hysterectomy.

1 case operated on for cyst of the broad ligament with infectious gonorrhœa.

4 severe cases of Gonorrhœal Rheumatism have been treated.

4 cases of dilatation and curettage for chronic Gonorrhœa.

8 children suffering from infectious vulvo-vaginitis.

2 babies have been admitted for the Ophthalmic Department with Gonorrhœal Ophthalmia.

The Medical Officer of Health for the County has paid visits of inspection at intervals.

Number of County cases for 1932.

New cases 89.

Areas of :—

Market Harborough	...	...	...	2
Melton Mowbray	...	...	...	3
Lutterworth	...	...	...	10
Loughborough	...	...	...	11
Hinckley	...	...	...	16
Coalville	...	...	...	20
Within 5 miles radius of Leicester	...			27
Unknown addresses	...	...	...	—
				—
TOTAL	...			89
				—

Report on Work for Venereal Diseases at St. Mary's Home, 1 Ashleigh Road, Leicester, for County patients in 1932.

The cases dealt with in this department are young unmarried girls. This year all cases have been sent for treatment by private doctors.

There are three parts of the work :—

- (1) Work in the Hostel containing 9 beds.
- (2) Work in the Clinic held weekly.
- (3) Work for intermediate treatment carried out by the Sister-in-Charge.

New Patients.

28 were admitted during the year and 4 babies ; 8 from the County and 1 baby.

Girls suffering from Syphilis in the early stages numbered 5. One was a County patient.

27 girls started treatment in the Out-patient Department.

The total number of attendances for treatment has been 1,821.

Of these 1,489 were seen by the Medical Officer ; 332 were for intermediate treatment.

The number of attendances of County patients was 426.

Injections for Syphilis have numbered 236. In-patients 78 ; Out-patients 158.

This year the accommodation for in-patients has been much improved. A new treatment room has been added and a larger day room has been given for use.

(Signed) BESSIE W. SYMINGTON,
M.D., B.S. (Lond.).

Medical Officer of Female Venereal Diseases
Department for Leicester and Leicestershire.

SANITARY CIRCUMSTANCES OF THE COUNTY.

(a) RAINFALL IN 1932.

The following table prepared by Mr. G. F. Stacey, the Surveyor of Wigston Magna Urban District, shows the rainfall month by month during the year.

MONTH.				TOTAL DEPTH	GREATEST FALL IN 24 HOURS		Number of days with '01 in. or more.	
					Inches	Date	'04 in. or more	
January				Inches 0.99	.20	6th	13	8
February				0.27	.06	10th	12	3
March				1.22	.33	28th	9	7
April				2.70	.41	7th	25	17
May				5.01	1.42	22nd	20	14
June				0.51	.34	12th	6	3
July				3.47	.93	14th	15	11
August				2.21	.65	1st	10	7
September				2.15	.64	23rd	19	12
October				3.58	.52	1st	22	15
November				1.39	.38	23rd	14	6
December				0.81	.30	1st	10	6
TOTAL				24.31	—	—	175	109

I am indebted to Mr. Stacey for the information with reference to the Rainfall in his District.

(B) GENERAL SURVEY.

Owing to the financial stringency during the year there are far fewer extensions of the sanitary services.

(1) WATER.

Information with regard to the extension or improvement of water supplies is contained in the District Sanitary Inspectors' reports from which the following notes are obtained :—

URBAN DISTRICTS.

Oadby.

The Leicester City Water Department has extended the water mains as required by development. It is noted, however, that the pressure in the Glen Parva portion of the district is still very poor and only sufficient to supply the ground floor rooms of the houses.

Melton Mowbray.

Pressure filters have been installed at the pumping station at Scalford, and the mains have been extended in Asfordby Road and Welby Lane.

Loughborough.

There have been 2 miles 1,017 yards, of new mains laid during the year.

Coalville.

The water mains have been extended by 260 yards.

RURAL DISTRICTS.

Hinckley.

Extensions have been made in the parishes of Burbage, Barwell, Earl Shilton and Stoney Stanton, totalling 1,748 yards.

Blaby.

In Foston Lane, Countesthorpe, and Glenfield Road, New Parks, the mains have been extended while a scheme for the extension of the main from Narborough to Huncote has also been approved.

Market Bosworth.

Although there have been no extensions during the year a public supply has been substituted for well water in 198 premises.

Billesdon.

A new well has been sunk at Halstead to augment the existing poor supply.

(2) RIVERS AND STREAMS.

All the streams of any size in the County receive sewage effluents at some point or points in their courses, frequent inspection of the rivers and streams in the County are, therefore, carried out and samples obtained. A laboratory analysis is made of these samples to detect pollution.

Seven-eighths of the County drains finally into the River Trent, and two-thirds of the County forms the catchment area of the River Soar, which enters the Trent a few miles to the East of Sawley. In its course from Ullesthorpe to Sawley, the river practically bisects the County from North to South, passing through the City of Leicester in the centre of the County.

The River Wreake is the main tributary of the River Soar, the confluence being near Rothley House. The River Wreake has one large tributary, the River Eye, which enters just above Melton Mowbray.

In the Belvoir district the streams run direct to the Trent, the River Devon being the most important.

To the West of the Charnwood Forest the main streams are the Rivers Mease and Sence, the latter joining the River Anker on the Western boundary of the County, and the River Mease also enters the River Anker, but outside the County, and thus this portion of the County drains to the River Trent.

The land round Lutterworth and the Kilworths drains to the River Avon, while on the Eastern side the River Welland forms the boundary of the County, together with its tributary the Eye Brook.

A very small portion in the North-East drains to the River Witham.

In addition to the inspections noted above, investigations of the River Soar were carried out as part of the annual hydrographical survey of the Trent watershed, under the auspices of the Ministry of Agriculture and Fisheries. A laboratory analysis and an estimation of the dissolved oxygen content were made of samples collected at various points on the river.

(3) DRAINAGE AND SEWERAGE.

The County Medical Staff carried out 81 inspections of Sewage Farms in the County during the year. When a farm is inspected a sample of the effluent is collected and submitted to laboratory analysis.

Where unsatisfactory conditions are found, either as regards the general state of the farm, or the result of the laboratory analysis of the effluent the surveyor or sanitary inspector responsible for the farm is informed and a re-inspection made after a short interval.

If the effluent discharging into a neighbouring stream is such that it is likely to prove a source of danger to the community, a special report is made to the Public Health Committee, and a copy of the Medical Officer's report is transmitted to the Local Authority responsible for the works. These steps usually result in an abatement of the pollution.

The following is the more important information obtained in this way, and from the reports of the local sanitary officers as to improvements.

Urban Districts.

ASHBY-DE-LA-ZOUCH.

The re-constructed works at Packington mentioned in last year's report were brought into use and are giving satisfactory results.

The sewer has been extended to the Packington Road.

A small scheme at Willesley has been completed, consisting of detritus and screening tanks, a sedimentation tank, rotary filter bed, and humus tank. The amount of sewage dealt with is small and comes from Shellbrook village.

ASHBY WOULD.

An extension of the Donisthorpe Lane sewage works has been commenced. Provision is being made for a new settling tank, two new filters, a new humus tank and 6 new sludge lagoons.

COALVILLE.

The new middle level outfall sewer has been completed, 270 yards of sewer being laid during the year, and the new works mentioned in last year's report have been brought into use. Here all the old middle level sewage is dealt with, and also 75 per cent. of the sewage that formerly entered by the low level outfall. The land on the low level, which was formerly much overtaxed, should now be able to deal with all the sewage that comes to it.

The works themselves consist of large detritus tanks with duplicate screens. The two sedimentation tanks are rectangular (the Dortmund type had to be abandoned on account of the nature of the subsoil) and divided by submerged partition walls into three chambers.

The two rotary filter beds containing 1,200 cubic yards of media, are fed by a dosing chamber of 7,000 gallons capacity, a weir being provided so that in the event of the siphon failing the tank effluent is conducted over the land.

There are two storm water tanks each of 15,000 gallons capacity, and in accordance with the Ministry of Health's revision of the scheme the effluent from these passes direct to the stream.

Necessary sludge beds are also provided and the drainage from these passes over the land immediately south of the plant.

HINCKLEY.

A part of the Leicester Road has been sewered and the drains from 21 houses connected.

LOUGHBOROUGH.

The sewers have been extended by 745 yards.

MARKET HARBOROUGH.

No extensions have been made. The sewage farm was found on inspection to give an unsatisfactory effluent, but the services of a consultant have now been obtained, and it is hoped to make more efficient use of the land in the future.

Rural Districts.

ASHBY-DE-LA-ZOUCH.

A large combined scheme for Measham and Oakthorpe was completed during the year at a cost of £15,147.

At Donisthorpe the very small and totally inefficient works were replaced by a new works of modern design at a cost of £10,923. These works are situated near to the Donisthorpe Lane works of the Ashby Woulds Urban District.

BILLESDON.

The sewer has been extended by 250 yards at Houghton-on-the-Hill, while 471 yards have been renewed at Lowesby.

BLABY.

The comprehensive scheme of sewerage and sewage works for Braunstone and Leicester Forest East has been completed. The works consist of detritus and screening tank, two Dortmund sedimentation tanks, two large rotary filter beds, and two humus tanks and the necessary sludge beds. Part of the sewage come to the farm by gravity, the rest has to be dealt with by electric pumps.

In Narborough there has been an extension of the sewer.

HINCKLEY.

New disposal works on the old site were completed at Burbage, and a modern system installed, with provision for extension. The old settling tanks were retained for use as storm water tanks.

At Stoke Golding a Ministry of Health inquiry was held on January 1st, and the new works were completed about the middle of the year. The system installed has only to deal with a small portion of the village, but ample room has been left on the site for extension.

MARKET BOSWORTH.

Schemes were completed during the year at Market Bosworth, Stanton-under-Bardon, Ratby, and Markfield.

Except in the case of Ratby there was previously no farm at these places. The old farm at Ratby was for land treatment only, and was inadequate and unsatisfactory.

A large amount of time has been spent during the year in tracing existing drains and persuading the owners to connect up voluntarily.

(4) CLOSET ACCOMMODATION.

The number of conversions from privy or earth closet to the water carriage system numbered 728. The districts in which most of the conversions have taken place are Coalville Urban District 140, and Hinckley and Barrow-on-Soar (No. 1 Sanitary District) Rural Districts with 113 and 104 respectively. Apart from Coalville and 62 conversions in Ashby Wolds Urban District, the majority of the conversions have been in the Rural Districts.

In addition 120 privies were converted to pail or earth closets during the year, this is an increase of 8 on 1931.

(5) SCAVENGING.

The chief improvements in this branch of sanitary work during the year are noted below.

A partial scavenging scheme has been introduced for the Parishes of East and Thorpe Langton.

At Oadby the system of disposal has been changed from ordinary tipping and burning, to controlled tipping.

A scheme for the scavenging of Harby has been inaugurated during the year, this was commenced in an attempt to prevent the pollution of the water supply.

At Lutterworth a new tip has been brought into use.

(6) SANITARY INSPECTION.

The following information has been extracted from the reports of the District Sanitary Inspectors :—

Premises visited	...	...	...	22,499
Defects or nuisances discovered	...			7,963
Complaints received	...	...		1,277
Inspections for all purposes	...			63,530
Notices served :—				
Informal	...	...	...	4,398
Formal	...	...	...	650
Summonses issued	...	...		10
Convictions obtained	...	...		7*

* Not including one case dismissed on payment of costs.

(7) PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.

(a) Common Lodging Houses.

There were 8 common lodging houses in the County, and 52 visits of inspection were made during the year, one at Loughborough was closed voluntarily during the year.

The premises at Coalville and Melton Mowbray are noted as satisfactory, but in other districts they are stated to be unsatisfactory.

(b) Tents, Vans and Sheds.

The temporary nature of these structures precludes the giving of exact figures, but approximately 585 visits were paid to 280 vans or other habitations.

In **Coalville Urban District** an agreement has been reached with the owner that the central fair ground shall not be used as a permanent caravan site.

In **Loughborough** the one dwelling was demolished.

In **Thurmaston Urban District** statutory notices were served on owners of land in Melton Avenue to provide proper sanitary accommodation. One summons was taken out and a conviction obtained.

One van in **Wigston Magna Urban District** was replaced by a brick house.

(c) Canal Boats.

42 boats are registered with authorities in the county. 39 visits of inspection were made, and 2 notices issued for the better ventilation of the cabin.

(d) Premises in which offensive trades are carried on.

To the 52 such premises in the County 202 visits of inspection were paid, 7 contraventions of regulations were found and dealt with.

(8) SMOKE ABATEMENT.

The following action is noted to have been taken in the various districts.

COALVILLE.

Investigations were commenced in December into an alleged nuisance, and were in progress at the end of the year.

HINCKLEY.

95 observations on 20 chimneys showed 15 to 20 nuisances, in 1 case a new smoke abatement plant was installed, in 3 improvements were made to the chimneys, while the remainder were abated by greater care in stoking and management.

LOUGHBOROUGH.

Observations were made and where black smoke was being emitted a letter was sent, and this resulted in improvement, except in one case, which had to be brought before the Council.

MARKET HARBOROUGH.

80 observations and inspections were made, 14 complaints were received and 12 nuisances abated.

ASHBY-DE-LA-ZOUCH.

4 nuisances dealt with.

WIGSTON MAGNA.

34 observations were made over 30 minute periods, and in 5 cases of nuisance an informal letter and visit had satisfactory results.

In Rural Districts :—**BARROW-ON-SOAR.**

In district No. 1, 1 case required a statutory notice. In district No. 2, 5 complaints resulted in informal notices. 1 nuisance was abated by structural alterations, the others by better management.

BLABY.

Observations resulted in the discovery of 2 nuisances, one of which was abated by the end of the year, the other not.

HINCKLEY.

5 nuisances were discovered after 11 observations over 30 minute periods, and these were improved by structural alterations.

MARKET BOSWORTH.

1 case was dealt with.

(9) RAG FLOCK ACTS, 1911.

During the year 39 visits were paid to 19 premises under this Act. No contraventions of the regulations were found.

HOUSING

The returns received from the Rural District Councils show that considerable progress has been made during the year with regard to housing in most areas of the County. The information received during 1930 and 1931, as a result of the preliminary surveys carried out by the officials of the Rural District Councils, disclosed that there was an urgent necessity for better housing accommodation in many parts of the County. The District Councils outlined proposals to deal with the existing deficiencies and a summary of the needs of each area and the measures contemplated to meet the needs was included in my Annual Report of last year.

The policy advocated by the County Council, and which has been communicated to the Rural District Councils is that the health of the population should be the main factor in undertaking measures to remedy the deficiencies in each area. With this end in view it has been suggested that the District Councils should consider in the first instance, repairs to houses to render them fit for human habitation, provision of houses to replace unfit temporary dwellings, overcrowded houses, and houses which require to be demolished, and should continue co-operation with the County Council in their schemes for the re-conditioning of houses under the Housing (Rural Workers) Acts.

In the following tables are given particulars of the work which has been done in each Rural District, and of the further measures contemplated. It will be observed that in most districts work has been undertaken of the type suggested by the County Council, and in addition in some districts a number of houses have been provided or are contemplated for the normal increase of population.

Table 1.

REPAIR OF HOUSES.

RURAL DISTRICT	No. of Houses to which repairs have been completed during 1932.		No. of Houses to which repairs were being carried out, but which repairs had not been completed by December 31st, 1932.	No. of Houses known to require repair, but which repair had not been commenced by December 31st, 193
	By R.D.C.	By Owners.		
Ashby-de-la-Zouch	—	61	18	23
Barrow-on-Soar ...	—	185	56	97
Belvoir ...	—	—	—	—
Billesdon ...	—	15	3	25
Blaby ...	—	76	54	138
Castle Donington ...	—	8	—	—
Hallaton ...	—	2	1	—
Hinckley ...	—	27	1	10
Loughborough ...	—	20	—	9
Lutterworth ...	—	60	8	181
Market Bosworth ...	—	244	26	116
Market Harborough ...	—	50	—	21
Melton Mowbray ...	—	39	—	189
TOTALS ...	—	787	167	809

Table 2. HOUSES FOR REPLACEMENT OF UNFIT TEMPORARY DWELLINGS, OVERCROWDED HOUSES, AND HOUSES REQUIRED TO BE DEMOLISHED.

RURAL DISTRICT	New Houses built and ready for occupation during 1932.		New Houses not ready for occupation by Dec. 31st, 1932, but which have been approved by the Ministry of Health.				New Houses contemplated to be built by R.D.C. but which had not been approved by the Ministry of Health by 31.12.32.	
	Agric.	Other	Building commenced.		Building not commenced.		Agric.	Other
			Agric.	Other	Agric.	Other		
Ashby-de-la-Zouch ...	—	—	—	—	2	34	4	114
Barrow-on-Soar ...	5	46	—	—	—	—	—	4
Belvoir ...	—	—	—	—	—	—	—	—
Billesdon ...	—	—	2	—	—	24	2	32
Blaby ...	—	20	—	—	—	—	—	6
Castle Donington ...	—	—	—	—	—	—	—	—
Hallaton ...	—	—	—	—	—	—	—	—
Hinckley ...	18*	112*	—	50*	—	8*	—	—
Loughborough ...	—	16	—	—	35	10	—	—
Lutterworth ...	—	44	—	4	—	50	—	2
Market Bosworth ...	28	—	4	40	—	—	31	66
Market Harborough ...	4	—	10	—	6	—	—	—
Melton Mowbray ...	—	—	—	—	—	—	3	11
TOTALS ...	55	238	16	94	43	126	40	235

* The houses given in these columns will be apportioned between the needs for the replacement of unfit dwellings and the needs for the normal increase of population (Table 3).

Table 3. HOUSES REQUIRED FOR THE NORMAL INCREASE OF POPULATION.

RURAL DISTRICT	New Houses built and ready for occupation during 1932		New Houses not ready for occupation by Dec. 31st, 1932, but which have been approved by the Ministry of Health.				New Houses contemplated to be built by R.D.C. but which had not been approved by the Ministry of Health by 31.12.32.	
	Agric.	Other	Building commenced.		Building not commenced.		Agric.	Other
			Agric.	Other	Agric.	Other		
Ashby-de-la-Zouch	—	—	—	—	—	14	—	58
Barrow-on-Soar	—	29	—	—	—	—	—	—
Belvoir	—	—	—	—	—	—	—	—
Billesdon	—	—	—	—	—	—	—	—
Blaby	—	8	—	—	—	—	—	14
Castle Donington	—	—	—	—	—	—	—	—
Hallaton	—	—	—	—	—	—	—	—
Hinckley*	—	—	—	—	—	—	—	—
Loughborough	—	—	—	—	—	—	—	—
Lutterworth	—	6	—	—	—	—	10	—
Market Bosworth	—	—	—	—	—	—	—	—
Market Harborough	—	—	—	—	—	—	—	—
Melton Mowbray	—	—	—	—	—	—	—	—
TOTALS	—	43	—	—	—	14	10	72

* A number of houses built, etc., as given in Table 2, will supply to some extent the needs for the normal increase of population.

No application under Section 34 (2) of the Housing Act of 1930 for a grant from the County Council has been made by a District Council during the year. I stated in my report of last year that it might be necessary for surveys to be undertaken by officers of the County Council of housing conditions in any district where such application had been made in order that the County Authority should be satisfied that the needs of the area were, in effect, as stated. Since no such application has been received and the District Councils appear to be proceeding satisfactorily with the necessary operations to remedy existing conditions it has not been considered necessary to take any direct action in any area in the nature of local surveys by County officials.

In so far as it is possible to judge from the information received, and without any direct knowledge gained from local inspections it would appear that the needs of the County are being met fairly satisfactorily in most areas in view of present economic conditions. It would also appear that while conditions remain satisfactory and there is no obvious cause for complaint the County Council are meeting adequately their obligations under the Housing Act, 1930, by pursuing their present policy of exercising a general supervision without undue interference in the operations undertaken by the District Councils.

Housing (Rural Workers) Acts.

The above Acts, which deal with the re-conditioning of rural houses and the conversion into houses of buildings not so previously used, should be of value in dealing with the housing problem at the present time when financial difficulties may militate against housing schemes being undertaken under other enactments.

The Housing (Rural Workers) Acts enable assistance to be given by the Local Authority in the form of grants or loans under certain conditions. Grants may not exceed either two-thirds of the estimated cost of the works or the sum of £100 in respect of each dwelling, and assistance may not be given where the value of the completed building will exceed £400 or when the expenditure is less than £50.

There must be many houses and building in Rural Districts which are capable of re-conditioning or conversion within the terms of the Acts, and Rural Authorities and private owners would be well advised to take advantage of the opportunity of receiving assistance which will prove of benefit in providing the agricultural workers with a suitable dwelling at an economic rent.

During the year five applications for assistance under the Acts were received by the County Council. Three grants of £100 each were made in respect of three cottages, and in the remaining two cases grants were refused as they did not come within the provisions of the Acts.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

Milk and Dairies Consolidation Act, 1915—Section 4.

During 1932 infection of milk by Tubercle Bacilli was reported in 23 instances, ten from Leicester City Council, five from Nottingham City Council, three from Birmingham and the remainder from Atherstone, Warwickshire and London.

Following these reports 507 animals from 24 herds were examined by the County Council Veterinary Inspectors, and in the case of eight of these herds it was found necessary to make re-inspections. Arising from these examinations 101 samples of milk were taken from suspected cows and despatched to Cambridge University for examination.

The following shows the results of herds examined :—

Tuberculosis found on first inspection	...	...	2
„ „ „ re-inspection	...	...	2

Herds out of which a suspected cow had been disposed of between date of initial sample and visit of Veterinary Inspector :—

(a) Sold for slaughter	...	...	...	4
(b) Slaughtered and found tuberculous	...	...	...	4
No trace of tuberculosis	...	...	...	11

Section 8.

During the year there were no samples submitted to bacteriological examination.

Milk and Dairies Order, 1926.

Tuberculosis Order, 1925.

These Orders are administered by the Diseases of Animals Sub-Committee of the County Agricultural Committee. The re-arrangement of districts and duties of the Veterinary Surgeons outlined in my report of last year has worked successfully. Each of the ten Veterinary Surgeons is responsible in his own district for the duties necessary under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, the Milk and Dairies Order, 1926, and the Tuberculosis Order, 1925.

Under Section 5 of the Milk and Dairies (Consolidation) Act, 1915, and Part IV. of the Milk and Dairies Order, 1926, first inspections are carried out under the control of the Diseases of Animals Sub-Committee, but in the event of a cow being found to be suffering from any of the diseases specified in the Act and Order such subsequent inspections of the farm as may be necessary, e.g., for prohibition of sale of milk from diseased cows, are undertaken under the control of the Public Health and Housing Committee.

(b) Graded Milk Production in Leicestershire.

There were 27 producers of "Grade A" milk registered with the County Council at the commencement of the year.

During the year one licence was transferred on the retirement of the original producer, five additional licences were granted and one licence was discontinued.

The premises of the holders of "Grade A" licences are inspected at regular intervals by members of the Medical Staff of the Department. Before a new licence is granted the premises proposed to be used together with the methods of sterilization, cooling and bottling are thoroughly investigated, and a series of samples of milk are submitted to bacteriological examination and must conform to the required standard. Samples of milk are collected at the time of ordinary inspections and arrangements are also in force for taking samples from "Grade A" milk producers as sold to the public. These samples are submitted to bacteriological examination, and the results communicated to the producers concerned. This constant supervision of the milk produced and supplied to the public is a vital necessity in maintaining a high standard of cleanliness.

During the year 335 samples of "Grade A" milk were submitted to bacteriological examination in the County laboratory. Of these 46 were outside the standard allowed. In these latter cases the producer was asked to give his observations on the adverse result, and where necessary the farm was visited by a Medical Officer and in co-operation with the producer an investigation was made in order to discover the source of the trouble.

Certain of these 46 adverse results are from repeat samples collected during the process of investigation of the conditions prevailing on the farm, and are not therefore a true indication of the percentage of unsatisfactory samples collected from milk as supplied to the public.

It is gratifying to note that each year shows an increase in the number of producers of "Grade A" milk in the County, indicative of an increasing demand on the part of the general public for milk of a known standard of cleanliness. Education of the public on the subject of clean milk is a necessity if an increased demand is to be hoped for, and educative measures are undertaken directly and indirectly in the County as part of the work of fostering clean milk production. Lectures on this subject are given by Medical Officers at Infant Welfare Centres, and pamphlets on Graded milks and the care of milk in the home have been distributed. Moreover, the scheme for the supply of milk to Elementary School children is indirectly influencing the parents towards a knowledge of the benefits to be derived from regular consumption of milk of good quality and of a high degree of cleanliness. These continuous efforts are undoubtedly awakening the interest of the public, and the desired results are being obtained in a slow but steady increase in the demand for "Grade A" milk. The recommendations contained in the report of the Re-organisation Commission for Milk particularly in their application to Grading may have a profound effect upon the future of the milk supply of the country. It would be

premature, at this stage, to make any detailed comment upon the recommendations of the Commission, but it is clear that the efforts which have been made towards the development of "Grade A" milk production will not have been wasted, and although this Grade may be abolished the present producers will be in a position to undertake the production of "special" milk without undue difficulty if they so desire.

(c). Provision of Milk to Elementary School Children.

The scheme for the supply of milk to Elementary School Children in the County has been continued successfully during the year.

The following returns show the amount of milk supplied to the schools during the past four years :—

	Oct. 1929	Dec. 1929	Dec. 1930	Dec. 1931	Dec. 1932
No. of schools receiving milk	1	33	111	163	174
No. of children receiving milk	102	3,067	8,681	7,943	6,870
No. of bottles supplied weekly	510	15,335	43,405	39,718	39,310
No. of gallons of milk weekly	21	639	1,808	1,655	1,430

(These figures are approximate).

There is again some decrease in the amount of milk consumed by the children in the County, although the scheme has been extended to include eleven further schools. No milk is supplied free and the decrease is probably due largely to economic difficulties associated with the present trade depression. Many parents have difficulty at present in providing the necessary funds to enable their children to buy a penny bottle of milk each day in school.

The collection of samples of milk for bacteriological examination is undertaken by the staff of the Medical Department. The milk from each supplier is examined periodically to ensure that a high standard of cleanliness is maintained. Where a sample is found that does not conform to the standard adopted by the Committee, the Agricultural Department is notified and further action to secure an improvement is undertaken by that Department. Continued unsatisfactory samples from a producer result in the supply from this source being discontinued, but I am pleased to be able to state that during the year it was not found necessary to cancel the arrangements with any producer for this reason.

The number of bottles of milk collected by the staff of the Medical Department and submitted to bacteriological examination was 340. Of these samples 27.3 per cent. showed a bacteriological count of less than 10,000; 16.7 per cent. between 10,000 and 30,000; 33.2 per cent. between 30,000 and 200,000 and only 22.3 per cent. were over 200,000. On bacteriological count 77.7 per cent. and on B.Coli Content 76.3 per cent. of samples were within the standard allowed for "Grade A" milk. These figures are an indication of the high standard of cleanliness of the milk being supplied to the schools, and the frequent collection and examination of samples undoubtedly has a considerable effect in maintaining this standard.

The scheme continues to function successfully and is proving of benefit to the physical condition of the children who are partaking of the extra milk. In addition it is found a very useful adjunct to the milk producing industry of the County and is of material assistance in the furtherance of clean milk production.

(d) Sale of Food and Drugs Act, etc.

This and kindred acts are administered by the County Police. I am indebted to the County Chief Constable for the following information regarding the working of this Act :—

During the year ending 31st December, 1932, 425 samples were submitted for analysis, viz. 331 Foods and 44 Drugs. 32 samples were certified to be unsatisfactory, i.e. 15 milk, 3 gin, 1 sausages, 2 potted meat, 1 bread and butter, 1 whiskey, 1 oatmeal, and 8 egg substitutes.

The following action was taken :—

Proceedings were taken against 6 persons (5 for milk, 1 for gin, 1 for sausages), and convictions obtained except in 1 case (sausages) which was dismissed on payment of costs.

One person was cautioned by the Chief Constable for selling potted meat that was unsatisfactory.

Fines and costs were imposed to a total of £35 18s. 6d.

BACTERIOLOGICAL AND CHEMICAL WORK.

The following examinations were made in the County Laboratory during the year :—

Milk examinations	1,637
Sputa for T.B.	1,523
Throat swabs for diphtheria	1,156
Sewage and water analyses	235
*Wassermann tests (collection only)	208
Hair for ringworm	175
Urine (general and bacteriological)	145
Urine for T.B.	107
Films for gonococci	81
Widal tests for typhoid fever	43
Blood counts	21
Cerebro-spinal fluid	19
Pus for organisms	15
Milk for fat content	10
Throat swabs for meningococci	4
Miscellaneous	13
	5,392

* The specimens of blood for Wassermann reaction are examined at the Leicester Royal Infirmary.

The total number of examinations, 5,392, exceeds that of last year by 572, and the number of milk examinations has increased steadily from 589 in the year 1925, to 1,637 this year. The laboratory has now been in existence 13 years and a total of 50,712 examinations has been made. It has now become an essential part of the public health services of the County.

Diphtheria.

The 1,156 throat swabs for diphtheria were received from the following sources :—

General Practitioners	...	...	647
Isolation Hospitals	...	...	395
Schools	...	...	114

Included in the 114 swabs from schools are 40 taken from children in the Market Bosworth Poor Law Institution, where a case of diphtheria occurred ; the remainder were from the schools at Ibstock.

Tuberculosis.

The 1,523 specimens of sputa were received as follows :—

From Tuberculosis M.O's.	...	904
From General Practitioners	...	619

Of the 904 specimens from the Tuberculosis Medical Officers, 193 were from the Mowsley Sanatorium, 58 from the Hinckley Sanatorium, 20 from the Coalville Sanatorium, and 47 were from the Melton Mowbray Isolation Hospital advanced block.

In addition to the sputa, 107 specimens of urine were examined for T.B., and 12 of them were positive.

Milk Examinations.

In all, 1,637 samples of milk were received for examination, and they were from the following sources :—

Rural districts	...	...	528
Urban districts	...	...	389
County school supplies	...	...	340
Grade " A " Producers	...	...	335
Miscellaneous	...	...	45

The samples from Urban and Rural Districts were as in previous years classified as " Good," " Fair," " Moderate," and " Bad," according to the bacterial count and the B.Coli content.

These standards are as follows :—

" Good."	Bacterial count of less than 500,000 organisms per c.c., and no B. Coli in 1/100th c.c.
" Fair."	Bacterial count of between 500,000 and 1,000,000 per c.c., or B. Coli in 1/100th c.c.
" Moderate."	Bacterial count of between 500,000 and 1,000,000 per c.c., and B. Coli in 1/100th c.c.
" Bad."	Bacterial count of over 1,000,000 per c.c. and/or B. Coli in 1/1,000th c.c.

The results of the examinations of samples from Urban and Rural Districts this year are as follows :—

URBAN DISTRICTS :

" Good "	" Fair "	" Mod. "	" Bad "	Total
267	66	6	50	389
(68.6%)	(17.0%)	(1.5%)	(12.9%)	

RURAL DISTRICTS :

335	105	8	80	528
(63.4%)	(19.9%)	(1.5%)	(15.2%)	

TOTAL URBAN AND
RURAL DISTRICTS :

602	171	14	130	917
(65.7%)	(18.6%)	(1.5%)	(14.2%)	

Last year, out of 750 samples examined, 62.1% were reported as " Good " and 17.3% as " Bad."

In 1925, the first year of the scheme, 589 samples were examined, of which 54.3% were " Good " and 24.3% were " Bad."

Observing that the standard for " Grade A " milk is a bacterial count of less than 200,000 per c.c. and the absence of B. Coli from 1/100th c.c., it may be argued that the classification " Good " is fairly easy to attain. Even so the results show that a steady improvement is taking place in the milk supplies of the county, which, after all, is the aim and object of this scheme.

A further analysis of the results of these examinations is of great interest, and shows that of these 917 samples :—

155 (16.9%)	contained less than 10,000 organisms per c.c.
132 (14.4%)	between 10 and 30,000 " "
408 (44.5%)	" " 30 and 200,000 " "
126 (13.7%)	" " 200 and 500,000 " "
44 (4.8%)	" " 500 and 1,000,000 " "
52 (5.7%)	over 1,000,000 organisms per c.c.

Also that :—

514 (56.1%)	contained no B. Coli in 1/10th c.c.
110 (12.0%)	" B. Coli in 1/10th but not in 1/100th c.c.
185 (20.2%)	" " 1/100th " " 1/1,000th c.c.
108 (11.7%)	" " 1/1,000th c.c.

Briefly stated, this means that :—

- 695 (75.8%) of the samples were up to " Grade A " standard on the bacterial count.
 - 624 (68%) of them were up to " Grade A " standard on the B. Coli content.
 - 550 (60%) of them were up to "Grade A" standard on both bacterial count and B. Coli content.
- (The accompanying figures for the last 2 years were 54.7% and 56.1%).

The results of the examinations of samples of milk from Grade "A" producers and milk supplies to schools are contained in another portion of this report and also in the School Annual Report.

Sewage and Water Analyses.

The number of sewage and water analyses (235) shows an increase of 54 over the number last year. With the exception of 28 samples taken from the River Soar in conjunction with the Ministry of Agriculture and Fisheries (Hydrographical Survey of the Trent Water-shed), the samples analysed were of drinking supplies, sewage effluents, and rivers and streams containing effluents.

Hair for Ringworm.

The School Medical Officers and Nurses were responsible for sending in practically all of the 175 specimens of hair for examination for ringworm. Many of the school children attend at the laboratory on Saturday mornings for microscopical examination to be carried out to ensure that no child will return to school in an infectious condition. Of the total, 100 of the specimens received were positive.

Typhoid and Para-Typhoid Fevers.

There is a decrease this year in the number of specimens of blood received for the diagnosis of typhoid and para-typhoid fever. The number of specimens was 43, against 60 last year. Only one of them was found to be positive.

Venereal Diseases.

In connection with venereal disease 81 examinations of pathological material were made in the laboratory. These were films for the detection of gonococci, and 36 of them were from General Practitioners, and 45 from the V.D. Clinic at Loughborough.

In addition, this clinic forwarded 44 of the 208 specimens of blood for Wassermann reaction, the remaining 164 were from General Practitioners.

General Remarks.

As mentioned in last year's report, the examination of specimens received from certain sources are paid for. These are, throat swabs from Isolation Hospitals, 2/- each, milk samples from Urban and Rural districts, 2/6 each; samples of water from district councils, 10/6 each; and the Tuberculosis Committee contribute 2/6 for each specimen of sputa examined.

The approximate amount earned by the laboratory during the year was £380.

A matter of interest relating to the year's work is the following table, which shows from which districts in the County the various specimens have been received.

URBAN DISTRICTS.

Ashby-de-la-Zouch	...	64
Ashby Woulds	...	22
Coalville	...	338
Hinckley	...	273
Loughborough M.B.	...	266
Market Harborough	...	160
Melton Mowbray	...	271
Oadby	...	57
Quorn	...	16
Shepshed	...	42
Thurmaston	...	41
Wigston	...	165

RURAL DISTRICTS.

Ashby-de-la-Zouch	...	161
Barrow-on-Soar	...	691
Belvoir	...	14
Billesdon	...	150
Blaby	...	528
Castle Donington	...	82
Hallaton	...	10
Hinckley	...	207
Loughborough	...	108
Lutterworth	...	135
Market Bosworth...	...	378
Market Harborough	...	131
Melton Mowbray	...	218

Specimens were also received from the following :—

Loughborough V.D. Clinic	91	Blaby Isolation Hospital...	216
Mowsley Sanatorium	198	Hinckley „ „	116
Hinckley „	63	Melton „ „	133
Coalville „	20	Swannington „ „	1
Loughborough Gen. Hosp.	126		

In concluding this report I would like to pay tribute to the work of Mr. J. N. Graham, Senior Lab. Asst. and also to Mr. H. F. Warner, his co-worker. They have at all times readily performed any additional duties.

J. A. FAIRER,
County Medical Officer and Bacteriologist.

THE COUNTY SANATORIUM AND ISOLATION HOSPITAL, MARKFIELD.

(Dr. H. Selby, Medical Superintendent).

The official Opening Ceremony of the County Sanatorium and Isolation Hospital, Markfield, by Sir George Newman took place on September 22nd, 1932, but, before occupation could commence, a very considerable amount of organisation remained to be done. During the succeeding weeks, all possible speed was made with the many structural adjustments and with engagements of staff and purchase of equipment. The innumerable difficulties and delays inseparable from the preparation of a new hospital were rapidly overcome, although complicated by the necessity of transferring numbers of patients, many of whom were seriously ill, together with equipment already in constant use by them. By the end of October, the stage at which admission could take place had been reached.

The first objective was to evacuate the patients from, and close down, the existing Tuberculosis Institutions, and this was carried out in four main movements. On November 1st, 17 men were admitted from Hinckley Residential Dispensary; on November 2nd, 7 women from Coalville Residential Dispensary, together with 9 women and children from Mowsley Sanatorium, the remaining 32 women and children being re-admitted on November 9th; while on November 23rd, 18 men were received from Creaton Sanatorium, Northampton.

In the meantime, other cases had been admitted, so that within three weeks, 92 patients were in residence at the County Sanatorium; while by November 11th, arrangements had been completed to commence the out-patient treatment by Artificial Pneumothorax of those cases who had previously been compelled to travel to Creton Sanatorium for their refills.

Combining the functions of Sanatorium and Hospital for Tuberculosis, patients in all stages of the disease are to be admitted, and the policy of the County Sanatorium must be threefold :—

(1) **Early cases** to have treatment until the disease becomes quiescent, or until it becomes evident that this aim is not likely to be achieved.

(2). **Advanced cases** to be segregated and treated during the last few months of life, when infectivity is great and its control in the home least likely to be effective.

(3). **Intermediate cases** to be retained only for such periods as will procure some stability of condition or return of capacity to work or look after themselves.

This policy, carried out in an institution as admirably conceived and equipped as the County Sanatorium, Markfield, can be an economic factor of prime importance in the County; but backed even by modern methods of treatment, the best results cannot be hoped for unless a due proportion of cases in the early stages of the disease are admitted. It must be noted that this does not depend entirely upon co-operation between the medical staffs of the sanatorium and the county, but also, and perhaps more, upon the public seeking medical advice earlier.

The principles of sanatorium treatment are based on hygienic environment, adequate nutrition, rest and graduated exercise, and health education.

(1). The proper environment is assured by the geographical position and lay-out of the Sanatorium, the design of the ward-cubicles permitting abundant ventilation together with warmth and protection from the elements.

(2). The diet, while simple enough to be followed up in the home, must be properly balanced and as varied as possible, but the difficulties of completely satisfying large numbers of patients of all ages, temperaments and habits for long periods is obvious.

(3). Rest is extremely important; a minimum period of one month in bed is enforced as a routine in every case in spite of its demands upon the time of the medical and nursing staff. Then follows exercise in the form of hours up, walks and labour, all requiring careful graduation and supervision. Progress is assessed not only by observation of the general condition, temperature chart, etc., but by regular medical examination, X-ray and blood-sedimentation test. Accessory treatment such as Artificial Pneumothorax, (collapsing of the lung) injection of Sanocrysin (gold treatment), etc., are instituted whenever indicated.

(4). Education in personal hygiene and self-discipline is an integral part of the regime of a Sanatorium, its results playing a part not only in the institution but in the maintenance of improvement after the patient returns to his home and also in guarding against infection of other members of his household.

Religious services are held each Sunday, and the patients are visited also at other times by the Chaplains appointed by the Committee.

The social side of treatment has been well catered for by the provision of wireless to every bed and recreation room, billiards and other games, and by frequent concerts and whist drives.

Table A. shows the accommodation available and the number of patients treated, while Table B. indicates the number of cases transferred from existing Institutions or admitted direct from home. In Table C. a classification is made of the admissions according to the type and severity of the disease, and from this it will be noted that, of the 105 adults, rather less than 27% were sputum negative or early sputum positive cases. Table D. illustrates the results of treatment with classification on admission.

TABLE "A."

	Male	Female	Children	Total
No. of beds available ...	52	52	22	126
No. of patients admitted ...	53	52	13	118
No. of patients discharged ...	3	1	—	4
No. of patients died ...	3	—	—	3
No. of patients at end of year ...	47	51	13	111

TABLE "B."

	Male	Female	Children	Total
Hinckley Res. Dispensary ...	17	—	—	17
Mowsley Sanatorium ...	—	34	7	41
Coalville Res. Dispensary ...	—	7	—	7
Melton Isolation Hospital ...	1	—	—	1
City Isolation Hospital ...	—	1	—	1
Creaton Sanatorium ...	18	—	—	18
Home ...	17	10	6	33
TOTAL ...	53	52	13	118

TABLE "C."

(Pulmonary Tuberculosis)					(Non-Pulmonary Tuberculosis)					
	T.B. Minus	T.B. Plus Group1	T.B. Plus Group2	T.B. Plus Group3	Bones and Joints	Abdom- inal	Other Organs	Peri- pheral Glands	Obser- vations	Total
Male ...	11	3	24	14	—	—	—	—	1	53
Female ...	14	—	23	14	—	1	—	—	—	52
Children ...	9	—	1	—	—	2	—	1	—	13
TOTAL...	34	3	48	28	—	3	—	1	1	118

TABLE "D."

Classification on Admission	Condition on Discharge	Male	Female	Children
T.B. Minus	Quiescent Not Quiescent Died	— — —	— — —	— — —
T.B. Plus Group 1	Quiescent ... Not Quiescent ... Died ...	— — —	— — —	— — —
T.B. Plus Group 2	Quiescent ... Not Quiescent ... Died	— 2 —	— 1 —	— — —
T.B. Plus Group 3	Quiescent ... Not Quiescent ... Died	— — 3	— — —	— — —
Observation ...	Not Tuberculosis	1	—	—

TUBERCULOSIS

The following is the report of the Chief Tuberculosis Medical Officer :

Prevalence of Tuberculosis.

The number of notifications of Pulmonary Tuberculosis has decreased by 7, and there is an increase in the number of deaths by 15. The figures for 1932, are :—Notifications 318, deaths 225, death rate 0.73. The average numbers of the last five years are :—Notifications 348, deaths, 208, death rate 0.71.

There were 83 notifications of Non-pulmonary Tuberculosis as against 99 in 1931. The number of deaths was 54 compared with 46 and the death rate 0.17 as against 0.15 in 1931.

The total number of notifications for 1932, is therefore, 401 as against 424 last year, and the deaths 279 as against 256.

DETAILS OF THE SCHEME OF TREATMENT.

A. Hospital and Sanatorium Accommodation.

Markfield Sanatorium was opened in September, 1932, and patients were admitted on November 1st. The number of beds for tuberculous cases is 126 ; Male Block 34, Female Block 34, Children's Block 22, and

Advanced Block 36 beds, and these, together with 8 beds at the Melton Mowbray Isolation Hospital will constitute the accommodation available for the treatment of Pulmonary Tuberculosis during the coming year.

During the year 1932 all the beds in the Institutions were fully occupied until November 1st, when, with the exception of those at Melton, they were closed down. Mowsley Sanatorium at present lies derelict, and it is undecided as to what its future use, if any, will be. Hinckley Residential Dispensary has been given up and a new Police Station is being erected on the site. Coalville Residential Dispensary too is at present not used for any purpose and its future is also unknown.

B. New Sanatorium, Markfield.

The accommodation at this Institution has been noted above. The Sanatorium is completed and is in full use. It is hoped that with its up-to-date facilities, resident medical officers, modern equipment, and adequate nursing staff, good work will be done both in the prevention and treatment of tuberculosis.

A special article on the work of the Sanatorium will be found earlier in this report.

C. Convalescent Home.

Ten beds were again retained at the Charnwood Forest Convalescent Home. During the year 78 children between the ages of 5 and 10 years were admitted and the average length of stay was 43.2 days. Classification of these cases was :—

Pre-Tubercular	...	...	...	73
Convalescent Surgical	...	...	...	4
Early Closed Tuberculosis	...	...	...	1

As before the majority were contacts of tubercular families.

As there are 22 children's beds at Markfield Sanatorium, the 10 beds at the Convalescent Home will be given up at the end of March, 1933. It is extremely unlikely that beds at both these institutions could be kept full, and as the dividing line between pre-tubercular and definitely tubercular cases is so slight there is no reason whatsoever why the cases which were originally sent to the Convalescent Home should not now be treated at the Sanatorium. As to whether the Convalescent Home beds could be utilised by debilitated school children, does not enter into the province of this report.

D. Hospital Beds for Advanced Cases.

The six-bedded block at the Melton Mowbray Isolation Hospital has been full all the year. The County Infirmaries have been most useful in accommodating this type of patient, and 33 beds are available for this purpose. It is hoped to make full use of the accommodation provided at these Institutions as it is a great help in relieving the pressure on the advanced block at the sanatorium.

As mentioned before there are now 36 beds for advanced pulmonary tuberculosis at Markfield Sanatorium, and these are likely to be fully occupied during the coming year.

E. Out-Patient Dispensary Work.

For details see Table 1.

The number of attendances at the Dispensaries has been increased, being 4,960 as against 4,586 in 1931, an addition of 374, while the number of contacts examined has increased by 100.

More use has been made of the X-rays, 143 photographs being taken as against 93 last year. The number of specimens of sputum examined remains about the same, being 1,205.

X-Rays.

This work has up to now been undertaken by the Leicester Royal Infirmary, and a guinea has been paid for each photograph. In the future the X-Ray plant at Markfield Sanatorium will be utilised, and it is hoped that still more use will be made of this valuable means to diagnosis, while the cost will be considerably less.

F. Domiciliary Work.

1. *Shelters.* 72 shelters are available for loan to patients, and of this number 10 were in use at Mowsley Sanatorium and 2 at Melton Isolation Hospital (Tuberculosis Block). The shelters from Mowsley have been transferred to Markfield, and are now available for patients in the County. The routine inspections, as heretofore, have been carried out by the County Nursing Association. The demand for shelters continues especially during the summer months.

2. *Nursing of Advanced Cases.*—This part of the scheme has been carried out by the County Nursing Association and 5,312 visits have been paid by the district nurses.

3. *Extra Nourishment.*—Approximately £568 has been expended on 86 patients as against £407 on 68 patients in 1931. The grant is five shillings worth of milk and eggs per week. The number of patients applying continues to be large and is increasing, and this is due to the economic conditions prevailing in the country at the present time. The scale laid down is a low one, and has been rigidly adhered to in order that the number of applicants may be kept within limits.

4. *Additional help.*—The cost of splints, crutches, surgical boots, etc., has entailed an expenditure of £104 for 35 patients as against £84 for 33 patients last year. The increase is probably due in part to the provision of the Ernst Support to cases of spinal tuberculosis. This exceedingly efficient apparatus costs ten guineas, but it is felt by the Committee that the benefits to be obtained are commensurate with the high price of the article.

The number of cases receiving dental treatment has been very small, and no doubt this is explained by the fact that dental benefit can be obtained from Approved Societies and from other sources.

Cod Liver Oil and Malt has been given to numbers of suitable cases at all the out-patient dispensaries and care is taken to see that only the poor and needy are supplied with this valuable adjunct to nutrition.

Paper handkerchiefs, sputum flasks and inhalers have also been distributed.

5. *Domiciliary visits.*—The Tuberculosis Medical Officers have paid 1,392 (Dr. Coward 789, Dr. Lane 603) visits to patients' homes. The Health Visitors paid 5,593 and 5,312 nursing visits by the District Nurses. These figures show an increase all round with the exception of the nursing visits.

G. Surgical Tuberculosis.

As was anticipated in last year's annual report more use has been made of the Leicester City General Hospital's Surgical Wards, under Mr. Morris, the Orthopædic Surgeon.

We have at present cases in the City General Hospital ; Warwickshire Orthopædic Hospital, Coleshill ; Harlow Wood Hospital, Mansfield, and a few at Rugby St. Cross Hospital. It is probable that in the future very few cases will be admitted to the last named institution now that other accommodation nearer home is available.

It has been pointed out before that the treatment of tubercular lesions is a very costly one, necessitating long periods in an orthopædic hospital of often two to three years' duration. There seems to be no short cut in the treatment of this complaint and only by prolonged rest in suitable apparatus, and with skilled and efficient nursing can recovery hope to be completed. A certain number of operations have been performed, especially on spinal cases, and these in some instances have cut short this treatment to some extent. It is satisfactory to note that in many cases the ultimate result of this prolonged treatment is good, enabling patients to earn their own living and thus to maintain their own self-respect and to live without relief from the state.

H. After-care Work.

This work is done largely by the Tuberculosis Medical Officers, Health Visitors, District Nursing Associations, through their nurses, the Public Assistance Committees and private agency, and is, I believe, satisfactorily performed, so far as the present financial conditions will allow.

As in the past, many new houses have been obtained, employment of a suitable nature secured, clothing distributed, and help in many other directions given, in an endeavour to consolidate the treatment given in an Institution, and to help not only the patient but also his relatives at the same time.

I. Public Health Act, 1925 (Section 62).

No action has been taken under this Section, which deals with the compulsory removal to hospital of advanced cases of tuberculosis.

This year is the last of many that have come under the old regime, when several small and separate institutions had to serve the needs of the County. The opening of Markfield Sanatorium has altered the entire outlook from the point of view of the tuberculosis patient, and with this thoroughly up-to-date and splendidly equipped institution one may hope that a very definite step forward has been taken and that the treatment afforded to these patients will be not only more efficient, and therefore successful, but that the work of prevention both in the institution and elsewhere, may be more thoroughly undertaken. In particular, more time can now be devoted by the Tuberculosis Medical Officers to domiciliary visiting and the examination of contacts, than which no more valuable work can be done. It is only by an efficient campaign of prevention coupled with the very best treatment obtainable that we can hope to deal adequately with this still very deadly and distressing complaint.

Let us hope that the new era commencing will be one of hope and satisfaction to sufferers from both Pulmonary and Surgical Tuberculosis.

N. A. COWARD,
Chief Tuberculosis Officer.

TYPES OF PULMONARY TUBERCULOSIS.

Of the two tables of figures set out below, the first, Table A. shews the proportion of cases of each type of Pulmonary Tuberculosis. These cases are taken from a series seen by me during the years, 1929, 1930, 1931, 1932. The figures do not indicate County numbers, but refer to patients seen in the Leicester, Melton Mowbray and Hinckley areas only. Furthermore they are new cases, or ones that came to my notice for the first time during these years, and in consequence the classification in some few has been difficult, and possibly speculative.

I have divided my classification into nine divisions, which mainly explain themselves.

(1). **Fibro-caseous.**

Of the 344 cases, 217 were T.B. positive and 127 T.B. negative. Some of those originally T.B. negative became T.B. positive later on.

(2). **Fibrotic.**

This is rather a misleading title, as in this category I have included a series of old cases—healed—sent mainly from the City into the County, where the signs of fibrosis are the only remaining ones. Probably many of them were really fibro-caseous, but a proportion belong to the chronic fibroid variety.

(3). **Pleural.**

Beginning with pleural effusion. Of the 56 cases, 23 effusions were on the right side, and 33 on the left, while 35 occurred in males and 21 in females.

(4). **Basal Phthisis.**

These were all T.B. positive cases. Basal signs with a negative sputum in most cases denote chronic pneumonia, bronchiectasis, and malignant disease, etc. These cases were practically all middle-aged or old persons, and more males than females.

(5). **Bronchitic.**

This type refers to cases where the physical signs were purely those of chronic bronchitis, but where T.B. was found in the sputum. These too were older people.

(6). **Acute Phthisis.**

Acute miliary, or acute broncho pneumonic tuberculosis. Only 13 cases occurred, and it will be seen from these figures how comparatively rare this type of consumption has become. They were all young and mostly girls.

(7). **Bronchial Glands.**

These cases were nearly all children, and were notified as tubercular subjects.

(8). **Pneumothorax (Spontaneous).**

As a primary condition this is comparatively rare, and only a few cases were seen.

(9). **Broncho-Pneumonic.**

All T.B. positive.

The figures remain fairly constant during the four years; females predominate over males, for of the 191 cases, 114 were the former, and 77 the latter.

A table shewing the age incidence is appended. It will be seen from this table how essentially this is a type relegated to young people, between the ages of 10 and 30, and actually between 16 and 26 are the years in which the great majority occur.

In the years 1929 and 1930 young girls were very markedly in excess of the other sex, but during 1931 and 1932 the proportion of young males has definitely increased.

It is apparent that this is a very common variety of Pulmonary Tuberculosis, and has to some extent taken the place of the acute types which were common enough some years ago, but are now becoming more and more rare. Though not so rapid in its course, it is none the less extremely deadly, as the following figures well illustrate. Of the 42 cases seen first in 1929, 30 are dead, 1 has left the County and 1 happen to know is living, and of these 30 dead, 12 died in 1929, 9 in 1930, 7 in 1931 and 2 in 1932. Of the 12 alive, 5 are in a serious condition and not likely to recover, while 7 are in a moderate state of health.

Of the 47 cases first seen in 1930, 38 are dead, 1 has left the County and is alive, and of the 38 dead, 16 died in 1930, 12 in 1931, 8 in 1932 and 2 in 1933. Of the 9 alive, 2 are in a dying condition, and the remaining 7 enjoy a fair measure of health, but their ultimate recovery is extremely problematical, except in two instances.

Of the 51 cases seen in 1931, 29 are dead and of these 14 died in 1931, 14 in 1932 and 1 in 1933. Of the 22 alive, 8 are in a serious condition and not likely to recover, and of the rest it is perhaps better and kinder not to prophesy.

Of the 51 cases seen in 1932, 11 are dead, 6 in 1932, and 5 in 1933. Manifestly the majority of cases die within two years of first coming under observation.

N. A. COWARD,
Chief Tuberculosis Officer.

TABLE A.

	1929	1930	1931	1932	Total
Fibro-Caseous ...	T.B. + 75 = 115 T.B.—40	T.B. + 48 = 80 T.B.—32	T.B. + 55 = 79 T.B.—24	T.B. + 39 = 70 T.B.—31	T.B. + 217 = 344 T.B.—127
Fibrotic ...	= 24	= 6	= 17	= 18	= 65
Pleural ...	= 12	= 15	= 14	= 15	= 56
Acute Phthisis ...	= 4	= 1	= 4	= 4	= 13
Bonchial Glands ...	= 17	= 13	= 14	= 18	= 62
Basal Phthisis ...	}				
Bronchitic ...		= 10	= 18	= 12	= 48
Pneumothorax ...					
Broncho-Pneumonic ...	= 42 (M. 15, F. 27)	= 47 (M. 10, F. 37)	= 51 (M. 29, F. 22)	= 51 (M. 23, F. 28)	= 191 (M. 77, F. 114)

TABLE B.

	Age 10—20	Age 21—30	Age 31—40	Age 41—50	Age 51—60	Total
Male ...	4 12	7 29	8 7	1 4	5 —	
	16	36	15	5	5	77
Female ...	18 22	36 20	7 8	3 —	— —	
	40	56	15	3	—	114

Combined table of Broncho-Pneumonic type of case shewing sex and age.

APPENDIX.

Summary of Institutions provided by the County Council.

(1). Poor Law Institutions :

Name of Institution.	No. of beds.	Description of Nursing Staff.
ASHBY-DE-LA-ZOUCH	70	Matron, 1 Head Nurse, 6 Assistant Nurses.
BILLESDON	—*	Matron, 1 Assistant Nurse.
BLABY	32	1 Head Nurse, 2 Assistant Nurses.
HINCKLEY	48	Matron, 1 Trained Nurse, 4 Assistant Nurses.
LOUGHBOROUGH	112	1 Superintendent Nurse, 10 Assistant Nurses.
LUTTERWORTH	15	Matron, 2 Assistant Nurses.
MARKET BOSWORTH	14	1 Head Nurse, 1 Assistant Nurse.
MARKET HARBOROUGH	60	1 Head Nurse, 7 Assistant Nurses.
MELTON MOWBRAY	48	1 Head Nurse, 4 Assistant Nurses.
MOUNTSORREL	46	1 Head Nurse, 2 Assistant Nurses.

* Used only for special service.

(2). Tuberculosis Institutions.

Name of Institution.	No. of beds.	Description of Nursing Staff.
MARKFIELD SANATORIUM	126	Matron, 9 Sisters and 9 Staff Nurses, 19 Probationer Nurses.

(3). Infectious Diseases Hospitals (other than Small Pox).

Name of Institution.	No. of Beds.	Description of Nursing Staff.
MARKFIELD HOSPITAL	54	Allocated as required.
BLABY HOSPITAL	17	Matron, 2 Staff Nurses, 1 Assistant Nurse, 2 Probationer Nurses.
HINCKLEY HOSPITAL	23	Matron, 3 Nurses, 2 Assistant Nurses, 1 Probationer Nurse.
MELTON HOSPITAL	23	Matron, 2 Nurses, 2 Probationer Nurses.

(4). Small Pox Hospitals.

Name of Institution	No. of Beds.	Description of Nursing Staff.
SNARESTONE HOSPITAL	23	*Matron, 1 Staff Nurse.
SYSTON HOSPITAL	15	*1 Staff Sister.

* Additional staff engaged as required.

Diagnosis.	PULMONARY.			NON-PULMONARY.			TOTAL.		
	Adults		Children	Adults		Children	Adults		Children
	M	F	M	F	M	F	M	F	F'
A.—New Cases examined during the year (excluding contacts) :—									
(a) Definitely tuberculous ...	115	119	6	7	19	9	134	128	22
(b) Diagnosis not completed ...	14	8	3	3	...	...	14	8	3
(c) Non-tuberculous ...	114	134	70	39	...	1	114	135	71
B.—Contacts examined during the year :—									
(a) Definitely tuberculous ...	9	15	2	7	1	1	10	16	4
†(b) Diagnosis not completed ...	...	3	3	...	...	...	...	3	3
(c) Non-tuberculous ...	29	47	106	97	...	...	29	47	106
C.—Cases written off the Dispensary Register as									
(a) Recovered ...	37	48	21	22	8	4	45	52	34
(b) Non-tuberculous ...	173	203	186	144	1	1	174	204	188
D.—Number of Persons on Dispensary Register on December 31st :—									
(a) Definitely tuberculous ...	593	605	122	107	74	63	667	668	230
(b) Diagnosis not completed ...	14	11	6	3	...	...	14	11	6

1. Number of cases on Dispensary Register on January 1st, 1932 ...	1872	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	46
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases “lost sight of” ...	104 ★(17N.F.T)	4. Cases written off during the year as Dead (all causes) ...	188
5. Number of attendances at the Dispensary (including Contacts) ...	4960	6. Number of Insured Persons under Domitory Treatment on the 31st December	199
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	175 923	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	1392
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	5593 + 5312 Nursing Visits	10. Number of :— (a) Specimens of sputum, etc., examined (b) X-ray examinations made ... in connexion with Dispensary work	1205 143
11. Number of “Recovered” cases restored to Dispensary Register, and included in A(a) and A(b) above ...	4	12. Number of “T.B. plus” cases on Dispensary Register on December 31st ...	450

* N.F.T. “No further treatment necessary.” The patients in this category have been quite well for a number of years, and will not visit the Tuberculosis Officer to be pronounced “Recovered.”
† Remaining undiagnosed on 31/12/32.

T.B. 2. SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.
(including Observation Beds at Dispensaries).

Name and Situation of Institution (1)	Class of Cases Treated.	Number of Beds available for patients sent by the Council. (2)	Number of patients sent by the Council who were under treatment on the 31st Dec., 1931 (3)	Number of patients sent by the Council during the year ended December 31st, 1932. (4)	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1932 (5)	Total number of days during which the patients referred to in column 5 were resident in the Institution. (6)	Average number of days which the patients referred to in column 5 were resident in the Institution. (7)	Number of patients sent by the Council who were under treatment on the 31st December, 1932. (8)
*Mossley Sanatorium, Husbands Bosworth, Rugby.	Female Adults P Children P	50	23 11	80 19	76 24	9217 3530	121 ⁺ 147	27 6
	Female Adults S Children S	12	4 8	4 9	7 11	1056 2897	151 263	1 6
*Coalville Residential Dispensary, Bakewell Street, Coalville.	Female Adults P Girls P	8	4 1	35 3	32 4	1440 259	45 65	7 ..
*Hinckley Residential Dispensary, Manor House, Bond St., Hinckley.	Male Adults P Boys P Boys S Male Adults S	15 7	14 .. 4 2	50 1 2 3	47 1 5 5	4511 130 820 1555	96 130 164 311	17 .. 1 ..
*Creton Sanatorium, Northampton.	Male Adults P Male Adults S F'maleAd'lts S	25—30	26 1 ..	40 .. 1	48 1 1	5392 910 133	112 910 133	18
T. B. Block Isolation Hospital, Melton.	Male Adults AP F'maleAd'ltsAP Children AP	8	6 1 ..	22 6 1	22 5 1	1784 126 106	81 25 106	6 2 ..
Hospital of St. Cross, Rugby.	Female Adults S Male Adults S Children S	?	2 4 ..	1 .. 1	1 1 ..	295 381 ..	295 381 ..	2 3 1
National Children's Home Sanatorium, Harpenden.	Children P	?	1	..	..	..	..	1
Royal National Sanatorium, Bournemouth	Male Adults P	?	..	1	1	84	84	..
Harlow Wood Orthopaedic Hospital, Notts.	Male Adults S Female Adults S Children S	?	2 .. 3	1	1 .. 2	432 798	432 399	2 .. 1
Royal Sea Bathing Hospital, Margate.	Female Adults	?	1	..	1	169	169	..
Heatherwood Hospital, Ascot.	Children S	?	1	..	1	1209	1209	..
Warwickshire Orthopaedic Hospital, Coleshill.	Children S	?	8	7	3	2589	863	12
Holly Lane Hospital Sanatorium, Smethwick.	Male Adults P	?	..	2	2	171	85	..
Grosvenor Sanatorium, Kent.	Male Adults S	?	..	1	1	92	92	..
City General Hospital, Leicester.	Male Adults S Female Adults S Children S	?	.. .. ..	9 3 8	1 1 ..	250 237 ..	250 237 ..	8 2 8
County Sanatorium, Markfield (opened 1/11/32).	Male Adults P Female Adults P Children P	52 52 22	.. .. ..	53 52 13	6 1 ..	205 28 ..	34 28 ..	47 51 13
Totals.. ..			127	428	313	40806	..	242

See footnote *

+ 6 patients stayed less than 6 weeks—Average stay of remainder was 130 days.

P Pulmonary Tuberculosis.
S Surgical Tuberculosis.
AP Advanced Pul. Tuberculosis.

* Closed in November 1932. Figures in Column 8 are number of cases transferred to Markfield Sanatorium, or in the case of surgical patients, to the City General Hospital.

T.B. 3.—Return shewing the immediate results of treatment of patients discharged from Residential Institutions during the year 1932.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL
			Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS	Class T. B. minus	Quiescent	...	5	3	5	28	9	4	1	6	...	...	...	61
		Not quiescent	3	13	2	9	3	5	1	1	2	...	...	...	39
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	
	Class T.B. Plus. Group 1.	Quiescent	...	...	...	2	...	...	1	...	...	...	...	...	3
		Not quiescent	1	...	...	8	1	1	7	...	...	...	...	...	18
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus. Group 2	Quiescent	...	1	...	2	8	...	...	...	...	...	...	...	11
		Not quiescent	6	9	...	11	13	...	12	1	...	...	...	...	52
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not quiescent	3	...	...	1	1	...	...	...	...	...	...	...	5
		Died in Institution	8	6	...	1	...	...	...	...	...	...	...	...	15

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In addition 1 case was admitted for observation purposes, and was discharged as not Tubercular.

Non-Pulmonary Tuberculosis.

Bones and Joints :—		Quiescent	...	...	...	...	14
		Not Quiescent	...	...	...	...	6
		Died	...	...	...	...	...
Abdominal :—		Quiescent	...	...	...	...	2
		Not Quiescent	...	...	...	...	3
		Died	...	...	...	...	2
Other Organs :—		Quiescent	...	...	...	...	1
		Not Quiescent	...	...	...	...	1
Peripheral Glands :—		Quiescent	...	...	...	...	3
		Not Quiescent	...	...	...	...	2
							—
							34
							—

Note.—Cases transferred to other Institutions not counted as discharges.

T.B. 4. TUBERCULOSIS (Pulmonary and Other).

Year	Number of Notifications.			Number of Deaths.			Death Rate.			
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1927	Lungs Other	179 49	216 52	395 101	82 30	123 40	205 70	0.69 0.25	0.74 0.24	0.72 0.25
1928	Lungs Other	167 57	183 60	350 117	78 26	125 28	203 54	0.65 0.22	0.73 0.16	0.70 0.19
1929	Lungs Other	146 40	216 55	362 95	101 17	138 38	239 55	0.83 0.14	0.79 0.22	0.81 0.19
1930	Lungs Other	136 39	172 44	308 83	81 14	102 25	183 39	0.67 0.12	0.59 0.14	0.62 0.13
1931	Lungs Other	135 33	190 66	325 99	75 16	135 30	210 46	0.62 0.13	0.74 0.16	0.69 0.15
Average for above 5 years	Lungs Other	153 44	195 55	348 99	83 21	125 32	208 53	0.69 0.17	0.71 0.18	0.71 0.18
1932	Lungs Other	133 41	185 42	318 83	93 26	132 28	225 54	0.76 0.21	0.71 0.16	0.73 0.17

T.B. 5. TUBERCULOSIS :—Notifications and Deaths.

Shewing Age Periods.

AGE PERIODS.	NEW CASES.				DEATHS. *			
	Pulmonary		Non-Pulmonary.		Pulmonary		Non-Pulmonary.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0 to 1	...	...	1	1	...	1	1	1
1 to 5	...	...	8	4	...	6	12	3
5 to 15	...	...	8 ²	11 ²	5	16	1	...
15 to 25	...	...	41 ¹³	14	10	16	2	2
25 to 45	...	...	71 ¹¹	67 ¹⁴	15	12	1	1
45 to 65	...	...	25 ¹	19 ²	8	4	2	...
65 and upwards	...	...	6 ¹	2	...	...	...	...
Total	151 ²⁸	167 ²⁹	52 ⁵	31 ⁴	38	55	19	7

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

* 22 of the deaths were of non-notified diseases.

District.	Estimated Population.	NOTIFICATIONS OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
		Pulmonary.	Attack Rate	Non-Pulmonary.	Attack Rate	Pulmonary.	Death Rate.	Non-Pulmonary.	Death Rate.
URBAN	Ashby-de-la-Zouch	5,194	.19	3	.58	1	.19	3	.58
	Ashby Woulds	3,333	—	2	.60	1	.30	—	—
	Coalville	21,940	1.00	10	.46	16	.73	6	.27
	Hinckley	16,430	1.52	4	.24	14	.85	3	.18
	Loughborough	27,200	1.32	5	.18	24	.88	6	.22
	Market Harborough	9,350	1.28	8	.86	11	1.18	1	.11
	Melton Mowbray	10,410	1.15	4	.38	8	.77	1	.10
	Oadby	4,768	.63	1	.21	2	.42	1	.21
	Quorn	2,574	—	—	—	—	—	—	—
	Shepshed	5,780	1.56	3	.52	4	.69	—	—
	Thurmaston	3,781	.79	1	.26	3	.79	3	.79
	Wigston Magna	11,240	.89	—	—	9	.80	2	.18
	TOTALS.	122,000	1.08	41	.33	93	.76	26	.21
RURAL	Ashby-de-la-Zouch	17,570	.34	2	.11	4	.23	3	.17
	Barrow-on-Soar	31,140	1.35	8	.26	27	.87	5	.16
	Belvoir	2,962	.34	—	—	5	.17	—	—
	Billesdon	11,360	.44	1	.09	2	.18	1	.09
	Blaby	34,290	1.17	3	.09	26	.76	3	.09
	Castle Donington	6,562	1.07	1	.15	6	.91	—	—
	Hallaton	1,582	.63	—	—	—	—	—	—
	Hinckley	17,760	1.18	10	.56	22	1.24	3	.17
	Loughborough	4,822	1.04	2	.41	4	.83	1	.21
	Lutterworth	10,920	.82	3	.27	3	.27	2	.18
	Market Bosworth	23,720	1.52	10	.42	21	.88	7	.29
	Market Harborough	7,412	1.08	—	—	4	.54	2	.27
	Melton Mowbray	14,700	.27	2	.14	8	.54	1	.07
	TOTALS.	184,800	1.00	42	.22	132	.71	28	.16

TABLE 1. VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1932						ENGLAND AND WALES
	Urban		Rural		Whole County		
Population	122,000		184,800		306,800		
	No.	Rates	No.	Rates	No.	Rates	Rates
Births	1868	15·3	2960	16·0	4828	15·7	15·3
Deaths (all causes and all ages)	1392	11·41	2059	11·14	3451	11·25	12·0
„ (under one year) ..	117	*63	169	*57	286	*59	*65
„ (Zymotic)	32	0·26	34	0·18	66	0·22	..
Deaths from :—							
Small Pox	..	..	..	..	..	..	0·00
Measles	2	0·02	3	0·02	5	0·02	0·08
Whooping Cough	9	0·07	11	0·06	20	0·06	0·07
Diphtheria	3	0·02	8	0·04	11	0·04	0·06
Scarlet Fever	3	0·02	2	0·01	5	0·02	0·01
**Diarrhoea (under 2 years)	15	*8·03	10	*3·38	25	*5·18	6·6

NOTES.—*The Rates are calculated per thousand of the population except where marked (*) which are per thousand registered births.

**The Diarrhœa rates per thousand of the population are :—
Urban 0·12, Rural 0·05, Whole County 0·08.

TABLE 2.—BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1932.

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only).

	RATE PER 1,000 TOTAL POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 LIVE BIRTHS.		PERCENTAGE OF TOTAL DEATHS.					
	Live Births.	Still-Births.	All Causes.	Typhoid and Paratyphoid fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under Two years).	Total Deaths under One year.	Certified by Registered Medical Practitioners.	Inquest Cases.	Certified by Coroner after P.M.	No Inquest.	Uncertified Causes of Death.
England and Wales	15.3	0.66	12.0	0.01	0.00	0.08	0.01	0.07	0.06	0.32	0.53	6.6	65	91.1	6.2	1.8	0.9	
108 County Boroughs and Great Towns, including London...	15.4	0.70	11.8	0.00	0.00	0.11	0.01	0.08	0.07	0.28	0.48	8.9	69	91.3	5.9	2.3	0.5	
126 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census 1931).	15.4	0.69	10.8	0.00	..	0.06	0.01	0.06	0.03	0.31	0.42	4.5	58	91.9	5.8	1.3	1.0	
London	14.2	0.51	12.3	0.00	0.00	0.19	0.02	0.08	0.07	0.27	0.53	12.6	66	89.4	6.2	4.4	0.0	

	Total	Puerperal Sepsis	Others
The maternal mortality rates for England and Wales are as follows :—	4·24	1·61	2·63
per 1,000 Live Births ..			
" " " "	" "	" "	" "
" " " "	" "	" "	" "
" " " "	" "	" "	" "
Total Births ..	4·06	1·54	2·52

TABLE 3. NOTIFIABLE DISEASES.

DISEASE	Total cases notified	Cases admitted to Hospital	Total Deaths
Notifications returned by the Registrar General :—			
Small-Pox	107	103	...
Diphtheria	124	126	11
Scarlet Fever	670	510	5
Enteric Fever... ..	6	5	...
Pneumonia	350	...	156
Puerperal Fever	4	2	5
Puerperal Pyrexia	22	6	...
Erysipelas	75	7	...
Other Diseases generally notifiable :			
Ophthalmia Neonatorum	15	1	...
Tuberculosis—Lungs	316	...	225
„ —Other forms	85	...	54
Encephalitis Lethargica	...	...	7
Poliomyelitis	4	1	2
Polioencephalitis	1	...	...
Cerebro Spinal Fever	12	15	7
Diseases notified locally :—			
Chicken-Pox	432	...	...
Measles	...	...	5
TOTALS	2,223	776	477

Figures supplied by the Registrar General are for the 52 weeks ending 31st December, 1932.

TABLE 5.

1932. CAUSES OF DEATH IN ADMINISTRATIVE AREAS.

Causes of Death.	Lough- borough M.B.		Ashby-de-la- Zouch U.D.		Ashby Wolds U.D.		Coalville U.D.		Hinckley U.D.		Market Harborough U.D.		Melton Mowbray U.D.		Quorndon U.D.		Shepshe'd U.D.		Thurmaston U.D.		Wigston Magna U.D.		Oadby U.D.		Ashby-de-la- Zouch R.D.		Barrow- upon-Soar R.D.		Belvoir R.D.		Billesdon R.D.		Blaby R.D.		Castle Donington R.D.		Hallaton R.D.		Hinckley R.D.		Lough- borough R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Melton Mowbray R.D.		Totals. U.D.'s.		Totals. R.D.'s.		Totals. Whole County.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
ALL CAUSES.	164	154	30	30	19	13	129	114	93	105	48	58	61	52	16	10	43	43	20	21	56	65	26	22	95	102	175	164	32	15	73	43	157	165	39	39	17	14	109	88	26	34	68	66	137	137	46	44	88	86	705	687	1062	997	3451																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
1 Typhoid and paratyphoid fevers..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
2 Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..</

